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ABSTRACT

The Project Ta-kos Outreach program is an inservice training model designed to increase the probability that children (ages birth to 8) at risk for or with special needs and their families can access and receive appropriate services in order to remain an integral part of the community in which they reside. The program reflects an ecological approach, which integrates educational, social, and health services. The model's contents include: (1) a family-centered curriculum consisting of five training components; (2) a three-phase training framework focusing on techniques to ensure information and skill acquisition and retention; (3) an inservice program planning process which is collaborative in nature, site-specific, uses a "hands on" approach, and incorporates ongoing feedback; (4) a continuum of competence concept; (5) a focus on interagency collaboration; and (6) a recognition that administrative support is inherent to the success of inservice training. This report presents the program's goals and objectives, model and component description, accomplishments, dissemination activities, training activities, evaluation findings, and impact. Extensive appendices include supplementary program materials (such as sample meeting/workshop agendas and sample newsletters), evaluation reports for the project's second and third years, and supplemental research materials (primarily needs assessment materials). (JDD)

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Project Ta-kós Outreach

FINAL REPORT

Early Education Program for Children with Disabilities
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PROJECT TA-KÓS \tä kos\ *n.* (from a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations) **1.** a family-centered curriculum for persons living or working with young children who are developmentally disabled, **2.** an inservice training model utilizing the curriculum, designed to impact present and future attitudes and actions.

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ABSTRACT

Project Ta-kos (an Indian term which suggests that any decision or course of action affects seven generations) Outreach is an innovative inservice training model designed to increase the probability that children, ages birth to eight, at-risk for or with special needs and their families can access and receive appropriate services in order to remain an integral part of the community in which they reside. This project expands upon widely accepted practices of integrating young children with special needs within educational settings to include social service and health care systems. The expanded concept of integration is derived from an ecological perspective.

The Project Ta-kos Outreach Project reflects this ecological approach, and training activities are designed to promote services that are family-centered: that is, responsive to and supportive of the preferences and routines/lifeways of the family. The model is competency-based and sensitive to the characteristics of adult learners.

Project Ta-kos Outreach will provide inservice training in New Mexico under the philosophical umbrella of family-centered services, and use the Project Ta-kos curriculum materials within a three-phase training framework. The contents of the Project Ta-kos Outreach Model include:

- a **Family-Centered Curriculum** consisting of five training components complete with trainer goals, objectives, training materials, and additional resources;
- a **Three-Phase Training Framework** focusing on techniques to ensure information and skill acquisition and retention;
- an **Inservice Program Planning** process which is collaborative in nature, site-specific, uses a "hands-on" approach, and incorporates ongoing feedback;
- a **Continuum of Competence Concept** that recognizes the need for individuals and programs to achieve higher levels of competency;
- a focus on **Interagency Collaboration** by building in methods to link personnel, parents and agencies within communities;
- a recognition that **Administrative Support** is inherent to the success of inservice training.

Fundamental to the Project Ta-kos inservice training is the concept of collaboration. Professionals, parents and project staff will jointly identify strengths and needs, develop training agreements, participate in the three-phase inservice training and complete evaluations. Assessment is on-going which ensures that the training is and continues to be relevant to each site.

Project staff will train educational and health care professionals, and parents, in 2 to 3 of the five curriculum components. Three components target professionals and two target parents. In Year I, Project Ta-kos staff will train 105 educational and health care professionals, while 450 children will benefit from outreach efforts. It is anticipated that by the end of Year III, 170 professionals, 1500 families and 2500 children will benefit from Project Ta-kos Outreach activities.

GOAL: To implement the Project Ta-kós Inservice Training Model with interagency training groups in order to increase the probability that young children with special needs and their families will receive services that are family centered and in the least restrictive environment.

OBJECTIVES	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
1. Project Ta-kós Outreach will address the needs of a variety of agencies serving young children with special needs and their families.	1.1 Establish Advisory Board from representational agencies: community health, day care centers, public schools, parent organizations, human service agencies.	Membership List	Project Director	November, 1991
	1.2 Provide orientation on Project Ta-kos Outreach Model; seek feedback; revise if necessary.	Document and summarize	Project Director, Project Staff	November, 1991
	1.3 Seek feedback on instruments and evaluation tools.	Document and summarize	Project Director, Project Staff	ongoing
	1.4 Convene Advisory Board 1-2 per year.	Document	Project Director, Project Staff	Jan., June, 1992 Jan., June, 1993 Jan., June, 1994
2. Provide interagency component training and consultation to 107 parents and professionals from community health, human services, day care and educational agencies in rural Torrance County in order to support a responsive network of agencies that can better serve young children with special needs and their families.	2.1 Identify sites for training according to selection criteria	Provide description of potential training sites and include rationale for selecting sites.	Project Director	November, 1991
	2.2 Obtain complete details of agencies; assess individual needs; evaluate pre/post training (measures described in Objective 6); complete site visits; secure written agreements regarding training.	Provide summary of observations of training sites; summarize and describe needs assessment for each site. Document and describe written agreement.	Project Director & Project Specialist	December, 1991
	2.3 Conduct three-phase training.	Document	Project Director Project Specialist	Ongoing, Year I, II and III

Table 1 - 1

OBJECTIVES	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
	2.4 Evaluate post-training skills of trainees in mastery of competencies, satisfaction with training, benefits of interagency training.	Assess competency according to instruments.	Project Director, Project Specialist Evaluation Consultant	Year I, II and III
3. Provide interagency component training and consultation to 50 parents and professionals from community health, human services, day care and educational agencies in rural Cibola County in order to support a responsive network network of agencies that can better serve young children with special needs and their families.	3.1 Identify sites for training according to selection criteria	Provide description of potential training sites and include rationale for selecting sites.	Project Director	December, 1991
	3.2 Obtain complete details of agencies; assess individual needs; evaluate pre/post competencies (measures described in Objective 6) complete site visits; secure written agreements regarding training.	Provide summary of observations of training sites; summarize and describe needs assessment for each site. Document and describe written agreement.	Project Director, Project Specialist	January, 1992
	3.3 Conduct three-phase training.	Document	Project Director, Project Specialist	Ongoing, Year I, II and III
	3.4 Evaluate post-training skills of trainees in mastery of competencies, satisfaction with training, benefits of interagency training.	Assess competency according to	Project Director Project Specialist Evaluation Consultant	Year I, II and III

Table 1 - 2

OBJECTIVES	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBLILTY	COMPLETION DATE
4. Provide interagency component training and consultation to 391 professionals from community health agencies in Bernalillo County in order to support a responsive network of agencies which serve young children with special needs and their families.	4.1 Identify sites for training according to selection criteria.	Provide description of potential training sites and include rationale for selecting sites.	Project Director	December, 1991
	4.2 Obtain complete details of agencies; evaluate pre/post training; evaluate competencies (measures described in Objective 6); assess individual needs; complete site visits; secure written agreements regarding training.	Summarize and evaluate needs assessment results. Document and describe written agreement.	Project Director & Project Specialist	January, 1992
	4.3 Conduct three-phase training.	Document	Project Director & Project Specialist	Ongoing, Year I, II, and III
	4.4 Evaluate post-training skills of trainees in mastery of competencies, satisfaction with training, benefits of interagency training.	Summarize and document.	Project Director, Project Specialist Evaluation Consultant	Year II and III
5. Select and train in New Mexico 1100 parents 75 professionals 91 health care professionals in the Project Ta-kós Family-Centered Curriculum, implementing the Three-phase Framework, resulting in improved services to approximately 2500 children during Year II and III.	5.1 Identify sites for training according to selection criteria.	Provide description of potential training sites and include rationale for selecting sites.	Project Director	Ongoing, Year I, II, and III
	5.2 Obtain complete details of agencies; evaluate pre/post training; evaluate competencies (measures described in Objective 6); assess individual needs; complete site visits; secure written agreements regarding training.	Summarize and evaluate needs assessment results. Document and describe written agreement.	Project Director & Project Specialist	January, 1992
	5.3 Conduct three-phase training.	Document	Project Director & Project Specialist	Ongoing, Year I, II and III

Table 1 - 3

OBJECTIVE	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
	5.4 Evaluate post-training skills of trainees in mastery of competencies, satisfaction with training, benefits of interagency training.	Summarize and document.	Project Director, Project Specialist Evaluation Consultant	Year II and III
6. Refine, extend use of Project Ta-kós research/evaluation instrument or develop appropriate evaluation tools through field testing and dissemination.	6.1 Review current Project Ta-kós instruments and research a battery of instruments designed to be used for: a. needs assessments of target audiences (e.g. program Site Survey, Staff Information Survey, interviews) b. evaluating inservice training (e.g. Program Site Survey, Staff Information Survey, observation, checklist, self-evaluation) satisfaction. c. Assessing individual and group competencies of target audiences, (e.g. Program Site Survey, Staff Information Survey, self-evaluation, framework to characterize IEP/IFSP goals). e. evaluating a change in attitudes (Community Attitude Survey)	Provide a summary of existing research/evaluation instruments that address the content of the curriculum components. Summary will include conclusions/recommendations for modifications of existing instruments and development of new tools. Pilot studies will be conducted on all new instruments that are developed or existing instruments that are modified. (e.g. see Appendix D for existing instruments.)	Evaluation Consultant, Project Director	Ongoing
	6.2 Redesign Program Site Survey and draft new items to increase its ability to determine readiness of a site to transition to a new phase of the three-phase training framework by -assessing and developing a match between current instrument and curriculum competencies -improving design and scaling	Curriculum competencies will be characterized and items will be developed that address program competence. A panel of experts will provide feedback on new items, design and scaling.	Evaluation Consultant, Project Director, Project Staff	December, 1991

OBJECTIVES	MAJOR STRATEGIES	METHOD EVALUATION	RESPONSIBILITY	COMPLETION DATE
	6.3 Pilot test instrument and analyze data on new items.	Document	Evaluation Consultant, Project Staff	December, 1991
	6.4 Revise Staff Information Surveys by: -combining the five instruments from Project Ta-kós and adding items appropriate to Project Ta-kós curriculum competencies. -redesigning instrument and scaling to improve readability.	Items related to Project Ta-kos Curriculum competencies will be developed by a panel of experts and added. The scaling and design of the instrument will be reviewed by the panel.	Evaluation Consultant, Project Staff	December, 1991
	6.5 Pilot test instrument and analyze data on new items and design	Document	Evaluation Consultant, Project Staff	December, 1991
	6.6 Write and disseminate Program Site Survey and Staff Information Survey describing uses.	Document	Evaluation Consultant Project Director	Year III
	6.7 Revise techniques to characterize IFSP goals to expand use to IEP goals and health care plans. Pilot test techniques and analyze data.	A random sample of IEP/IFSP goals appropriate health care plans will be obtained from target sits. A topography for characterizing goals will be revised to assess the degree to which goals are written with a family-centered orientation (see Appendix C, p. c-24 for a more detailed description).	Evaluation Consultant, Project Staff	May, 1992
	6.8 Articulate techniques and disseminate.	Document	Evaluation Consultant, Project Director	Year III

Table 1 - 5

OBJECTIVE	MAJOR STRATEGIES	METHOD EVALUATION	RESPONSIBILILTY	COMPLETION DATE
	6.9 Develop and/or adapt instruments to assess individual/program competency of target audiences by: -adapting self-evaluation techniques to address program competencies and to be used during each phase -developing or adapting observation tools, checklists or structured interviews. Pilot test and analyze data. Administer to target audiences.	Analyze and summarize data analysis. Document and describe tools/methods.	Evaluation Consultant, Project Staff	May, 1992
	6.10 Revise the Community Attitude Survey (Project AIM and Ta-kós) cr review and adapt the Attitude Survey by: -adding additional items reflecting specific Ta-kós curriculum components not addressed. -re-evaluating construct validity of subscales. Pilot test and analyze data. Administer to target audiences.	A panel of 10 individuals, to include parents, will develop additional items designed to measure attitudes about the integration of the child into the family, the child/family into the service delivery systems, and the child/family into the community.	Project Director, Project Staff Evaluation Consultant	May, 1992
	6.11 Revise Project Ta-kós workshop evaluation tools to assess the quality and appropriateness of training provided to target audiences. Conduct evaluation of training by administering evaluation tools and obtaining feedback from target audiences.	Document and describe tools/methods for evaluating training. Analyze and summarize results from evaluation of each training by participants.		May, 1992

Table 1 - 6

GOAL: Develop and disseminate information on family-centered services in order to influence service delivery, policy development, and accessibility of services on behalf of young children with special needs on a local, state and national level.

OBJECTIVES		MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
7. Assist with the development and implementation of family-centered policies and procedures at the state and local level by coordinating outreach efforts with the New Mexico lead agency for implementing Part H of PL 99-457: Developmental Disabilities Division (DDD), NM Health and Environment Department.	7.1	Continue to serve on NM Interagency Coordinating Council (ICC).	Document and describe proceedings. Summarize progress as it relates to project Objectives.	Executive Director	Ongoing, Year I, II and III
	7.2	Serve on Procedural Safeguard and Personnel Committees of ICC.	Document and describe.	Project Staff	September 1992
	7.3	Provide consultation to community programs identified by DDD and Network for Effective Training in NM (NET NM) in need of Project Ta-kos inservice training.	Document and describe the content and number of consultations. Summarize process as it concerns family-centered services.	Family Specialists, Child Development Specialist, Family Cultural Specialist	Ongoing, Year I, II and III
	7.4	Develop statewide public awareness activities/materials as participants with ICC Public Awareness Committee	Document and describe.	Project Staff	Ongoing, Year I, II and III
8. Co-sponsor statewide, inter-disciplinary training conference, Magic Years V, VI, and VII in September 1993, 1994 and 1995, with NM Department of Education, NM Family and Infant/Toddler Program (HED), Division for Early Childhood (DEC), Maternal and Child Health Department, and Parents Reaching Out, attended	8.1	Serve on Magic Years Program Planning Committee and subcommittees: (logistics, publicity, program, program host, and exhibitor committees).	Document and describe.	Project Director	Ongoing, Year I, II and III
	8.2	Submit presentation proposals on Project Ta-kos Outreach components for conference.	Document	Project Director	March 1992 March 1993 March 1994

OBJECTIVES	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
by more than 450 parents, professionals, administrators, health care providers, etc.	8.3 Present at Magic Years V, and VI.	Document and summarize conference evaluations.	Project Director, Family Specialists, Child Development Specialists, Family Cultural Specialist	September 1992 September 1993 September 1994
9. Develop Administrative Support Handbook to ensure the integrity of the Continuum of Competence Concept within the Project Ta-kós Inservice Training Model.	9.1 Assess administrative support currently in place for inservice training with inservice training sites.	Document and describe	Project Director and Executive Director	June 1992
	9.2 Review recent literature; summarize findings; discuss with Advisory Board.	Summarize and document	Project Director and Executive Director	June 1992
	9.3 Articulate administrative support in handbook format.	Handbook	Project Director and Executive Director	Year II
	9.4 Pilot training; seek feedback; evaluate and revise.	Descriptive data Summarize feedback	Project Dirctor and Executive Director	Year III
10. Disseminate information, products, research and materials on Project Ta-kós Outreach to a variety of audiences.	10.1 Publish and distribute bi-annual newsletter, Talking Leaves, to over 500 parents, community health providers, day care centers appropriate state agencies, etc. on topics relevant to family-centered services for young children.	Document	Project Staff	Ongoing, Year I, II and III
	10.2 Revise Alta Mira's Products Brochure to include Project Ta-kós Outreach Products and disseminate (i.e. Administrative Handbook, staff information survey, marketing pages, etc.)	Document	Administrative Assistant	Year II and III

Table 1 - 8

OBJECTIVES	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
	10.3 Respond to call for papers for presentations at annual conferences i.e. ACH, DEC, AEYC, Family Resource Coalition	Document responses made	Project Director	Year I and II
	10.4 Distribute information products and research/evaluation to NEC*TAS, and all HCEEP Demonstration and Outreach Projects; seek feedback	Document distribution and summarize feedback	Project Director	Year I, II and III
	10.5 Write and submit article on exemplary family-centered practices to appropriate national journals i.e., Journal of the Association for the Care of Children's Health	Manuscript and documentation of submission	Project Director	Year II
11. Develop video training materials to illustrate two components of Project Ta-kós.	11.1 Prepare outlines of components to be filmed on: -Understanding Family Uniqueness through Cultural Diversity -Another Way to View Child Development: An Interactive Approach to the Integration of the Sensorimotor System, Communication, and Temperament	Document	Family Cultural Specialist, Child Development Specialist	June 1992
	11.2 Film sequences, write scripts, edit and produce.	Document	Family Cultural Specialist, Child Development Specialist	October 1992 April 1993

OBJECTIVES	MAJOR STRATEGIES	METHOD OF EVALUATION	RESPONSIBILITY	COMPLETION DATE
	11.3 Field test with component training; seek feedback.	Summarize feedback and revise as necessary	Family Cultural Specialist, Child Development Family Specialists	Year II
	11.4 Distribute with requests for products.	Document distribution	Materials Specialist	Year III

Table 1 - 10

SUMMARY OF ACCOMPLISHMENTS

Project Ta-kós accomplished the proposed objectives. The first goal was to implement the Project Ta-kós Inservice Training Model with interagency training groups in order to increase the probability that young children with special needs and their families will receive services that are family-centered and in the least restrictive environment. The second goal was to develop and disseminate information on family-centered services in order to influence service delivery, policy development, and accessibility of services on behalf of young children with special needs and their families. A description of the accomplishments and the scope of work by objective are outlined in this section. The major accomplishments can be summarized into these areas:

1. Training Families, Health Care and Education providers, - Training of all target agencies plus additional sites was completed using the Three-Phase Training framework. (Objectives 2, 3, 4, 5 - See Appendix A for the Training Documentation Materials.)

2. Evaluation Methods and Tools - The evaluation methods and tools were revised or refined. Data was collected from the training sites and compiled. (Objective 6 - See Appendix B for the evaluation reports and C for the evaluation tools.)

3. Committee participation - Project staff participated on eight state level committees and the New Mexico Interagency Coordinating Council. (Objective 7 - See Appendix A for committee materials.)

4. Addressing the Needs of a Variety of Agencies - The Project Ta-kós Advisory committee provided input on Project direction and training content. (Objective 1 - See Appendix A for advisory committee materials.)

5. Development and revision of materials - A handbook for administrators and videotape segments were developed to support training activities (Objectives 9, 11 - See Appendix A for video training materials and Appendix D for the handbook.)

6. Dissemination Activities - Local, Regional and National presentations, based on the Family-Centered curriculum, were given. Project Ta-kós co-sponsored the annual statewide early childhood conference. The project bi-annual newsletter described project activities. (Objectives 8, 10 - See Appendix A for conference brochures, samples of the Newsletter, Talking Leaves, and the Summary of Conference Presentations.)

Additions and Changes

Ongoing cooperative relationships contributed to the success, evolution and promotion of Project Ta-kós Outreach. Coordination with other state and federally funded projects in the region enabled project staff to maximize their professional expertise for product development and training activities. Work with the Part H lead agency (New Mexico Department of Health) and the Part B, 619 staff (New Mexico State Department of Education) and the Network for Effective Training at the University Affiliated Program, University of New Mexico, (the contractor for Part H statewide training), created new opportunities for Project Ta-kós and increased the resources for state planning purposes and support to community programs and schools.

Advisory committee members and participants at each training site offered insight into training materials and activities. The development of the handbook, Infusing Family-Centered Practices into Agency Administration, was the result of an identified need by programs around the state. The training model evolved as each site challenged project staff to find effective ways to deliver training content that was relevant to their priorities and needs.

Changes to the evaluation methodology were the result of recommendations by the evaluation consultant to provide a greater opportunity to assess changes in a program's policies, procedures and philosophy as they pertain to a particular training component. Project staff developed an evaluation matrix which outlines what type of data will be collected and how it will be collected for each phase of the Three-Phase Framework (see Appendix A for Evaluation Matrix and Table 2 for the Three-Phase Framework). Several evaluation instruments were revised or developed to include pre/post competency measures administered with Phase I training. For evaluation of individual skill retention and mastery (Phase II and III), data consisting of anecdotal notes, self-reports, behavioral criteria, consumer satisfaction and archival information (policies, interagency agreements, mission statements) were used to determine the extent individuals put into practice the concepts presented in the training. Project staff assessed the degree to which programs and agencies were implementing practices based on the training. Data included group-reports, archival information, observational and anecdotal notes.

Other changes were made to increase relevancy of the training materials and to improve scheduling. Training for health care professionals required adapting the Family-Centered

Approach to Early Childhood Special Education to respond to the needs of health care professionals. Timeline changes for some strategies allowed more flexibility in scheduling.

Summary of Objectives

Objective 1: **Project Ta-kós Outreach will address the needs of a variety of agencies serving young children with special needs and their families.**

Project Ta-kós brought together 16 leaders from many fields serving the identified population to form the advisory committee. The committee met each spring and fall as a whole group, with interest area sub-committees working to meet specific needs.

Members initially received orientation to Project Ta-kós and reviewed all instruments and evaluation tools. Over the three years of the grant, members helped staff identify current and future needs and trends in early childhood special education and healthcare and how Project Ta-kós could best address them. Individual members reviewed drafts of training modules and new evaluation instruments, updated component content, facilitated relationships with training sites and other relevant organizations, and identified possible future sites. In the final committee meeting in August 1994, members and staff evaluated the work done and were very pleased with the variety of areas served and the broad impact the project had on the lives of children with special needs and their families.

Objective 2: **Provide interagency component training and consultation to 107 parents and professionals from community health, human services, day care and educational agencies in rural Torrance County in order to support a responsive network of agencies that can better serve young children with special needs and their families.**

In Torrance County, two sites participated in different components. The Oak Tree Family Resource Center, a special project of Jelly Bean Junction preschool, brought together 12 parents and professionals from the community for participation in the Networking: Linking Family, Friends and Professionals component. The Moriarty Municipal Schools preschool staff participated in Phase I and II of the Family-Centered Approach to Early Childhood Special Education component.

The Moriarty Municipal Schools preschool staff identified using the IFSP process for three and four-year-olds as their primary goal. The group involved the Central Region Educational

Center (CREC) staff in policy level discussions regarding the extent to which IFSP practices can be used during the IEP process. In January, 1993, Project Ta-kós staff met with six members of the CREC staff to discuss the principles and philosophy of a family-centered approach and how the principles are put to use in developing the IFSP. A few weeks later, project staff shared the same information with 28 early childhood coordinators, administrators and parents from the 11 districts of the CREC. This group revised the IEP forms to make them more "family friendly." This difficult but exciting process provided everyone with relevant information about the IEP forms.

During the 1992-93 school year, 20 members of the Moriarty Municipal Schools preschool staff participated in Phase I workshops. The training focused on how the staff could use elements of the IFSP process and meet the requirements of the IEP. Primarily, the group discussed how the principles of a family-centered approach are fundamental to the IFSP process. A commitment to these principles was made. The workshops supported skill building, interaction, and practice on applying family-centered principles.

Goals for Phase II activities were re-evaluated the following year (1993-94) as several new staff members joined the expanding program. There were now three separate classroom teams with varying needs and levels of experience. Each team identified what information and activities were needed to best meet their individual classroom team situation while implementing a family-centered approach. In one case, a parent from Parents Reaching Out New Mexico (PRO) joined with Project staff to discuss ways to share information with parents. In another case, the teacher worked with Project Ta-kós staff to identify district-wide problems that impact the implementation of using IFSP's in the preschool program. (This information was later shared with the Early Childhood Technical Assistance Team from the New Mexico State Department of Education, which was preparing a document on using IFSP's for three and four-year-olds in public school settings.)

In cooperation with the CREC, Project Ta-kós provided workshops for two additional sites in Torrance County. Joint staff visits for planning to each school district enabled Project Ta-kós to provide very intense, site specific training utilizing the Family Centered Approach to Early Childhood Special Education component.

In March 1994, Estancia Public Schools' Developmental Disabilities Program (3-21 years) participated with CREC staff, Project Ta-kós staff and PRO staff in a highly interactive exploration of the special education system. Eighteen parents, administrators and educators learned to develop the IEP by seeing each student as an individual with desires, needs and strengths. The high school DECA club provided lunch for the group.

Later in March 1994, the Mountainair Public Schools' Developmental Disabilities Program (3-21 years) sponsored a district wide inservice with Project Ta-kós staff leading the workshop and CREC staff and PRO staff contributing. Administrators were very anxious for all district staff and faculty to be involved to support the district's commitment to full inclusion. Consequently, all schools were dismissed at 12:30 pm and everyone was encouraged to attend. Forty Developmental Disabilities Program faculty, regular education faculty, administrators (including the district superintendent) and family members attended.

The workshop again examined the special education system, focusing on theory and law and their implementation through the IEP. Special education faculty were surprised to discover what the law really said about the IEP and, along with regular education faculty, decided the "real" thing was indeed useful in educating students even if what they had been using was not.

The cooperative planning and production of the workshops was very rewarding for project staff. The most useful and exciting feature in both school districts was the bringing together of faculty serving different age groups. They challenged each other in ways the trainers could never have done.

Objective 3: **Provide interagency component training and consultation to 50 parents and professionals from community health, human services day care and educational agencies in rural Cibola County in order to support a responsive network of agencies that can better serve young children with special needs and their families.**

In February 1992, 26 professionals, paraprofessionals and staff from community health, human services, early intervention and education agencies in rural Cibola County began Phase I of the Understanding Family Uniqueness Through Cultural Diversity and the Another Way to View Child Development components. Ten parents from Acoma Pueblo Head Start, Bethphage Missions West (the Part H provider), Cibola Development Disabilities Preschool (the 619 provider), Laguna Head Start, and Midwest Grants Head Start participated in Communication and

Temperament workshops from the Another Way to View Child Development component.

Phase II activities began in May 1993 with the continued involvement of Bethphage Missions West, Grants Public Health, Cibola D.D. Preschool, Laguna Head Start, and Mid West Grants Head Start. Three professionals and 76 parents received training in a variety of workshops identified by the parents and from the Another Way to View Child Development component.

Eight of the original 26 participants continued with Phase II activities in the Understanding Family Uniqueness Through Cultural Diversity component. These participants cited a growing awareness of the need to build an interagency network to better serve families and children in their county. They stated that one of the strongest unexpected outcomes of the Project Ta-kós training was discovering ways to share resources.

The eight Phase II participants chose to adopt the Project Ta-kós training model and replicate the Phase I training workshops to the county's early childhood special education agencies. Their rationale was to assist in the development of a local core capability training network. Their collective experience was that trainers came in to do workshops in Cibola County which failed to take into consideration the county's rural and culturally diverse needs. Five of these individuals participated in Phase III activities by co-training with Project Ta-kós staff. Four people participated in Phase I replication training.

Throughout Phase I, II, and III and the Replication Phase, a strong component was the side-by-side parent workshops and combined parent/professional activities. From January, 1992 to March, 1994, 76 parents participated in workshops which were held around the county to give all families equal access to the information. As part of an effort to make Phase II come alive for their community, Project Ta-kós provided, by request, the Networking: Linking Family, Friends and Professional component with nine educators and family members from Bethphage Missions West and Cibola D.D. Preschool participating.

In August, 1994 four Phase I participants, five Phase II participants and their administrators met and developed a collaborative inservice plan for the 1994-1995 school year. They retained the shared rotating responsibilities of providing monthly parent interagency workshops. Participants stated that, through Phase II and Phase III, a strong early childhood special education network had been established in Cibola County. The goal for the Cibola County Early Childhood Special Education Network is to replicate the network model by establishing a

Cibola County Life Span Special Education Coalition. The group brings the county's special education population and special education service providers together for monthly socialization and information sharing meetings. They have successfully sponsored five meetings from April 1994 to September 1994.

Phase I, II and III and Replication Phase I participants included: Cibola County Schools Preschool Program (Grants High School and Cubero Elementary School), Grants Bethphage Missions West, Mid West Grants Head Start, T.L.C. Day Care Center, Small Wonders Child Center, Cibola County Health Office, Gallup-Thoreau-Grants Clinic, Acoma Head Start, Acoma High School Day Care Center, Laguna Early Intervention Program, Laguna Head Start, Laguna Day Care Center, Laguna Tribe Disability Health Coordinators, A.C.L./I.H.S. Acomita Early Intervention Program.

Objective 4: **Provide interagency component training and consultation to 91 professionals from community health agencies in Bernalillo County in order to support a responsive network of agencies which serve young children with special needs and their families.**

In Bernalillo County, 51 staff members of Carrie Tingley Hospital, a pediatric rehabilitation hospital, divided into three groups and participated in Phase I of Family-Centered Approach to Care in the spring and summer of 1992. The curriculum was adapted from the original component, a Family-Centered Approach to Early Childhood Special Education, in order to address the unique needs and concerns of the health care community. The staff members represented ten disciplines who worked in the out-patient clinics, in-patient hospital, social services, administration and/or therapy services. After the first series, one participant summed up the experience for the group. She stated that, the training helped everyone to focus on "practical problems and solutions as related to Carrie Tingley Hospital and various departments." At the end of Phase I training, participants formed working groups. Each of these groups developed objectives for implementing family-centered practices.

The 15 member Cultural Diversity Committee, from District I Public Health Division completed Phase I of Understanding Family Uniqueness Through Cultural Diversity, August 1992. The committee asked Project Ta-kós staff to present at the New Mexico Public Health Annual Conference, September 1992, as a prelude to expanding the training to all of Public Health. Ten committee members completed Phase II, July 1993. During the last workshop of

Phase II, the Cultural Diversity Committee decided they wanted Phase III to replicate Phase I and II in order to become in-house master trainers. They would team to provide Phase I and II training to any District I Public Health Division staff. They requested the direct guidance and facilitation of Project Ta-kós staff.

In preparing the six master trainers, Project Ta-kós staff held two training sessions prior to the first workshop. The goals were to: 1) review Phase I materials, 2) practice activities; 3) clarify issues; 4)receive coaching for all trainers, and 5) divide responsibilities according to individual strengths. Additional training sessions with identical goals were conducted prior to each workshop and a debriefing and planning session was held after the last Replication Phase I workshop.

Six committee members provided Replication Phase I to sixty Public Health Division staff in January and February 1994. The same six committee members provided Replication Phase II for nine Public Health Division staff and three Albuquerque Public School staff, July and August 1994.

For Replication Phase II, the six committee trainers continued to co-train with Project Ta-kós staff. The same preparation process described above was followed to prepare the trainers.

Five of the committee trainers will provide Understanding Family Uniqueness Through Cultural Diversity outside the Bernalillo County area. They have scheduled workshops in the Northwestern quadrant of the state and will continue to seek additional sites around the state. They will recruit additional trainers from participants who complete Phase II and desire to continue to master skills, explore diversity, family uniqueness, and life ways.

Objective 5: Select and train in New Mexico 75 professionals and 91 health care professionals in Project Ta-kós Family-Centered Curriculum, implementing the Three-Phase Framework, resulting in improved services to approximately 2500 children and 1100 parents during Years II and III.

Training occured at a variety of sites. Community programs, Head Starts, public preschools, education and health care agencies were represented and were often trained together. Appendix A contains selected training materials.

Fifteen members of the staff of New Vistas Early Childhood Program in Santa Fe, New

Mexico completed Phase I of the Family-Centered Approach to Early Childhood Special Education component and 16 staff members completed Phase I of Another Way to View Child Development component in the spring and summer of 1993.

Probably the most challenging but interesting site for project staff was Zuni Pueblo. Everyone a teacher and everyone a learner was the order of the day, with all cultures and all staff benefitting.

During January and February 1993, five staff members from Shiwi Ts'ana Early Intervention Program and five teachers from the Zuni Head Start jointly participated in Phase I of Another Way to View Child Development. Although each program had a prior "working relationship" with the other, this was the first joint program training. Comments received on the evaluation expressed a new sense of educational community and interagency involvement. A true sense of "team effort" and mutual support was established.

In April and May 1993 six participants met with Project Ta-kós staff to plan Phase II and completed their training. This series of workshops continued to develop the concept of interagency team building and mutual support. Use of a "case study" approach created a unique learning arena for both agencies, enabling participants to utilize each other's strength, areas of expertise and support mechanisms.

Shiwi Ts'ana Early Intervention Program notified Project Ta-kós in May 1994 that they would start serving children and families from the Ramah Navajo Reservation as well as the Zuni Reservation and asked for training to better understand the IFSP. During June 1994 project staff provided two, six hour workshops on theory and models for the IFSP, developing outcomes and service coordination.

This was the first joint training with staff from Shiwi Ts'ana and Pine Hill School. The three participants found it very helpful to explore the differing needs of Zuni and Navajo families and came to understand why the "process" is so important to the IFSP.

Project Ta-kós staff participated as faculty to the 1992 and 1993 Early Childhood Special Education Summer Institute for Washington State. Understanding Family Uniqueness Through Cultural Diversity Phase I was provided for 90 educators and therapists in 1992. Fifteen educators and therapists participated in Phase I and II in 1993.

As a result of the institute, two educational service districts invited Project Ta-kós staff into their districts to provide Understanding Family Uniqueness Through Cultural Diversity workshops. Educational Service District 112 provided 22 participants for Phase I workshops, April 1993. Educational Service District 123 provided 20 participants for Phase I workshops, May 1993.

Albuquerque Public Schools (APS) invited Project Ta-kós staff to provide Understanding Family Uniqueness Through Cultural Diversity workshops to their early childhood staff. Due to scheduling problems 31 staff volunteered their time on Saturdays to participate in workshops held in October, November and December 1993. Because scheduling problems continued, of the 22 who wanted to continue with Phase II, only five could do so. Project Ta-kós staff negotiated with the Cultural Diversity Committee to combine Public Health and Albuquerque Schools participants for Phase II. Three Albuquerque Public Schools staff participated.

The New Mexico Early Childhood Diversity Action Team (ECDAT) asked Project Ta-kós to help sponsor an institute that would provide members with a common set of experiences for working with diversity issues in New Mexico. The team asked Project Ta-kós to provide Understanding Family Uniqueness Through Cultural Diversity, Phase I, as the vehicle to assure a common language and a common understanding of diversity issues as they apply to birth through eight service providers. The team asked that Phase II be structured to allow the development of an ECDAT mission statement, ECDAT philosophy statements and clarification of issues and solutions. The Institute was held in April 1994 with assistance from the New Mexico Department of Health, The New Mexico Department of Education, Alta Mira Specialized Family Services, Inc., and National Early Childhood Technical Assistance System (NEC*TAS). Fourteen team members from around the state of New Mexico participated. See Appendix A for copies of documents from the Institute.

The Gallup McKinley County Schools three and four-year-old program requested the IFSP training from the Family-Centered Approach to Early Childhood Special Education component.

The Gallup McKinley preschool program goals were to implement IFSP's by training all preschool staff as well as all Navajo Head Start staff who served the public school preschool children. In the spring of 1994, two groups of teachers, paraprofessionals and support staff with 18 people from the public school program and 16 people from the Navajo Head Start and Bureau of Indian Affairs programs, participated in activities designed to increase awareness of the current service model as compared to a family-centered model using the IFSP.

A highlight of the training was the sharing and unity that developed over the course of the five day workshop series, especially among the public school participants. Activities helped everyone recognize their shared goals for children and families, brought consensus about the process needed to implement new strategies and increased awareness of the difficult challenges ahead. The program staff recognized the importance of changing current practices, discussed barriers, (particularly those of limited resources) and developed a plan to explore possible strategies. The group made a commitment to implement the plan during the 1994-95 school year.

In August 1994 Alta Mira Specialized Family Services asked Project Ta-kós to provide a one day workshop as part of their yearly staff orientation. This was a unique opportunity to work with friends and associates and was very exciting but also critical for Project Ta-kós viability within our agency.

After reviewing the "wish" list for outcomes, the trainers prepared activities to examine Alta Mira's new service model from the family-centered perspective. Twenty-five professionals, support staff, administrators and one parent participated, gaining a much clearer understanding of their new model's impact on them and on families.

Objective 6: Refine and/or extend use of Project Ta-kós research/evaluation instrument or develop appropriate evaluation tools through field testing and dissemination.

Project Ta-kós evaluated individual, program and community competence. (Evaluation Reports are found in Appendix B.) Project Ta-kós staff developed an Evaluation Matrix to ensure that collected data assesses knowledge, skills and mastery (Phase I, II and III) for individuals, programs and communities. (The Evaluation Matrix is found in Appendix A.) Behavioral, archival and self-report data was collected through pre-post and attitudinal survey measures, self- and group-reports, observational and anecdotal notes, review of agency documents and satisfaction surveys.

Three types of survey instruments were designed or revised and piloted during Year I and II. A needs assessment, pre/post competency tests and a training evaluation form comprise these surveys. (See Appendix C for Evaluation Instruments.)

The needs assessment included items from instruments and interviews used previously. Measures of individual and program competence were captured in the needs assessment. The needs assessment was developed, pilot-tested and finalized.

The pre/post test instruments incorporated information from and replaced the "Staff Information Survey" and the "Program Site Survey." Competencies from the respective components were also used so that the instruments would address individual competence. As components were trained and data from the pre/post competency tests were analyzed, the tests were modified to improve their ability to evaluate the participants' levels of knowledge and skill.

The revised workshop evaluation form was administered to participants at the completion of each training. The information from these forms has been used to help the outreach training staff improve the delivery of training.

The "Community Attitude Survey" was replaced by 1) Issues in Early Intervention, Humphrey, R. & Geissinger, S., 1989) and used for those participating in the Family-Centered Approach to Early Childhood Special Education component and by 2) a cultural attitude survey developed by Ta-kós staff for those participating in the Understanding Family Uniqueness Through Cultural Diversity component. These instruments more accurately assess changes in attitudes relative to a family-centered philosophy and the concept of cultural relativity. The second instrument was pilot-tested in the fall of 1992.

Objective 7: Assist with the development and implementation of family-centered policies and procedures at the state and local level by coordinating outreach efforts with the New Mexico lead agency for implementing Part H of PL-99-457: Developmental Disabilities Division (DDD). New Mexico Health and Environment Department.

Project Ta-kós staff participation on eight state level committees influenced policy level decisions and informed the project of statewide trends, issues and needs. The committees were:

four subcommittees of the NMICC, the Early Childhood Technical Assistance Team (ECTAT), the New Mexico Faculty Institute for Training, the Early Childhood Articulation Task Force, and the Early Childhood Diversity Action Team. These activities, explained below, provided opportunities to infuse the Project Ta-kós model and philosophy into a variety of arenas. (Materials from each of these committees are found in Appendix A.)

Project Ta-kós assisted the Developmental Disabilities Division, New Mexico Department of Health (lead agency for Part H of IDEA) with implementing Part H as it developed and coordinated a comprehensive Part H system for children with special needs. The lead agency and the NMICC has developed a strategic document to guide efforts to address current needs in the state. Eight subcommittees of the NMICC are working on topical issues while keeping abreast of all the issues.

From 1992-93, the Executive Director of Alta Mira chaired the NMICC. She represented Project Ta-kós and acted as a community-based program representative. She served on the Procedural Safeguards Subcommittee. The director of Resource Development of Alta Mira represented Project Ta-kós on the Public Awareness Subcommittee.

Two key subcommittees for the Project Ta-kós staff were the Personnel Preparation Subcommittee and the Services Subcommittee. Because New Mexico passed an inclusive early childhood license, Personnel Development Subcommittee members were challenged to make recommendations that reflected the competencies related to the license while developing a comprehensive system of personnel development required under IDEA.

In 1994, participation on the Services Subcommittee challenged project staff to work with providers and parents throughout the state to find solutions to very real problems in direct service. Because project staff have a statewide focus and national exposure to ideas and practices, staff could help draw discussion back to what Part H is supposed to accomplish and why. Learning to define problems from the families' perspective before instituting solutions was a real help to committee members.

The Early Childhood Technical Assistance Team of the New Mexico State Department of Education developed a technical assistance document to increase knowledge and practitioner skill levels that support the implementation of services which reflect the intent of IDEA and mission of The New Mexico Standards of Excellence for New Mexico Schools Compliance Manual and the New Mexico Family, Infant, and Toddler Policies, Procedures and Guidelines. The document supports screening, evaluation and assessment efforts that are developmentally appropriate; provides a model to transition children from the Part H system to preschool through the use of the IFSP process; and, to promote inclusion as the primary service option. Project Ta-kós participation challenged the group to infuse family-centered, culturally relevant and inclusive principles throughout the document.

Project Ta-kós participated on the New Mexico Institute for Training (NMFIT) task force of the Western Region Faculty Institute for Faculty Training (WRFIT) to develop and conduct training activities for faculty in New Mexico's higher institutions of education. WRFIT, an inservice project funded by the U.S. Department of Education, was awarded to the University of Colorado Health Sciences Center. The purpose of the project is to increase inservice training of early intervention service providers through training and technical assistance for higher education faculty.

Project staff helped develop a survey that was conducted to assess faculty involvement in early intervention and inservice education in New Mexico. Information was gathered regarding the, 1) continuing education of faculty, 2) faculty knowledge of Part H and Part B of IDEA, 3) interdisciplinary/interdepartmental practices, 4) family-centered and culturally-sensitive content, and 5) faculty perception of their own competence relative to provision of service to young children and their families. Based on the results and on interviews with faculty members, project staff and NMFIT members designed, provided materials and conducted two faculty events addressing training needs.

In a related activity, Project Ta-kós staff participated on the New Mexico Articulation Task Force. This group of early childhood faculty representing New Mexico's institutions of higher education seeks to articulate early childhood curricula across universities by developing methods to assess a student's competence and to transfer credit from one institution to another. Project Ta-kós staff shared relevant information and learned more about each program.

As a result of NEC*TAS sponsoring a national conference on diversity in Albuquerque, June 1993, the New Mexico Early Childhood Diversity Action Team (ECDAT) was born. Project

Ta-kós staff participated with parents, early interventionists, state policy individuals, early childhood teachers, and inservice and preservice training personnel, who have a strong commitment to diversity, inclusion and family-centered practices. Outcomes for Project Ta-kós included: August, 1994 Magic Years VII preconference presentation, drafting of a House Memorial to present to the 1995 State of New Mexico Legislature and the sponsorship and presentation of "Honoring Family Uniqueness: New Mexico Early Childhood Special Educators Institute," April, 1994. (See Appendix A.)

Objective 8: **Co-sponsor statewide, interdisciplinary training conference, Magic Years IV, V and VI in September 1992, 1993, and 1994, with NM Department of Education, NM Family and Infant/Toddler Program (HED), Division for Early Childhood (DEC), Maternal and Child Health Department, and Parents Reaching Out, attended by more than 450 parents, professionals, administrators, health care providers, etc.**

Project Ta-kós co-sponsored the Magic Years V, VI and VII conferences. Project staff assisted with all conference arrangements and submitted proposals for consideration on elements of the Project Ta-kós Outreach Curriculum. In September, 1992 project staff made three presentations at Magic Years V. Two proposals were accepted for Magic Years VI. Project Ta-kós conducted a preconference session and made one presentation during Magic Years VII, in September, 1994. (Samples of the Magic Years Brochure are found in Appendix A. The presentations are listed on the Summary of Conference Presentations chart also in Appendix A.)

Objective 9: **Develop Administrative Support Handbook to ensure the integrity of the Continuum of Competence Concept within the Project Ta-kós Inservice Training Model.**

In Year I administrative support for family-centered services was assessed and found to be in a state of confusion. A literature review, discussion with Advisory Committee members and many hours of interviews with administrators resulted in the draft form of Infusing Family-Centered Practices Into Agency Administration.

A workshop to introduce the use of the handbook to administrators was presented at DEC (December 1992) and ACCH (May 1993). Workshop evaluations and reviewer comments were used in developing the final form for the handbook with its self-help approach making it the project's most requested item for dissemination. (The handbook is in Appendix D).

Ideas and principles from the handbook were first incorporated into site-specific training/consultation with the Gallup-McKinley County Schools, supporting their restructuring for using the IFSP process in their Developmental Disabilities Preschool Program.

Administrative support is now a very strong component of Project Ta-kós' family-centered training, facilitating the implementation of family-centered services.

Objective 10: **Disseminate information, products, research and materials on Project Ta-kós Outreach to a variety of audiences.**

Disseminating information on Project Ta-kós takes a variety of forms. A brochure outlining project curriculum and training activities was developed. Project staff published and distributed five issues of Talking Leaves, a newsletter circulated to 500 interested individuals and programs. Presentations on aspects of Project curriculum were given at five national conferences and eight regional conferences. Presentations and consultations were requested by local groups. Project staff responded to requests for information and products generated from conference presentations and the project brochure. (See Appendix A for the brochure, the Summary of Curriculum Component Training, and the Summary of Community Support and Products List.)

Because of unanticipated problems with the cultural diversity attitude survey, evaluation data was not conclusive enough to allow for publication of the survey. In lieu of an article about the survey, project staff focused on the development and dissemination of the Infusing Family-Centered Practices into Agency Administration handbook. This handbook has proven beneficial and is being requested by a variety of programs.

Objective 11: **Develop video training materials to illustrate two components of Project Ta-kós.**

Outlines for video training materials for Another Way to View Child Development and Understanding Family Uniqueness through Cultural Diversity were drafted. (See Appendix A for video training materials.) The filming and editing took place in the Fall of 1993. The videos were reviewed by the Advisory Committee. These video segments proved to enhance the training in both components.

THEORETICAL AND CONCEPTUAL FRAMEWORK

Introduction

During the six years of demonstration and outreach phases of Project Ta-kós, the staff adopted the view of the family as an ecological system embedded in a larger social system (Brofenbrenner, 1979). In this context, staff recognized the pivotal role of the family in the lives of their children and built the family-centered curriculum and training approach on this concept. Project Ta-kós staff sought to foster programs which strengthen parental feelings of efficacy and control through respect for family values and cultural norms. The staff endeavored to develop programs that empowered parents, siblings and extended families of children with developmental disabilities to function fully within their communities (Dunst, Trivette and Deal, 1988; Dunst, 1990). The project's goal was to support communities to build programs that enabled families to gain independent access to services that would facilitate meeting goals they had articulated for themselves (Bailey, 1987).

The curriculum content is based on the ecological system model (Bailey, 1987; Thurman & Widerstrom, 1990) that recognizes the family as the primary context where the child's needs are best met. An ecological system model views the individual as nested in multiple interrelated environmental systems (Brofenbrenner, 1977, 1979). Inherent is the concept of inclusion: integration of child in the family, the family and the child in school, and the family and the child in the community. The individual child's (or family member's) behaviors are understood only with the knowledge of the child (or family member) as rooted in social, cultural, and environmental settings.

To support the outreach efforts, we applied principles of adult learning theory to our training approach. The training experience and curriculum reflect principles, such as, that developing self-awareness is a necessary prerequisite to participants' understanding of information prescribed. Our three-phase inservice model and curriculum was developed to allow time to support the learning process, provide time to plan and prepare follow-up activities and to build training that reflects community and program priorities, concerns and needs.

Central to the training design were the following concepts. First, trainers can best teach by modeling and demonstrating the methods the participants are expected to learn - demonstration is integral to the training methodology. Thus, the trainer first models a collaborative partnership with the participants at the training site when the training goals are being developed. Second, when participants can relate understanding to their own lives, then they will find more meaning in the information, and skill retention is optimal. Third, participants can best gain skills and expertise through first-hand experience. To this end the Project Ta-kós training is interactive and builds on the participants experiences. (Winston, 1990)

Table 2 outlines the contents of the Project Ta-kós Outreach Model followed by a description of each area.

Contents of the Project Ta-kós Outreach Model

I. *Family Centered Curriculum*

The curriculum embodies the intent of Public Law 99-457 and corresponds with IDEA by emphasizing a strong family-centered focus to the services provided to young children with special needs.

Six training components comprise the Project Ta-kós Family-Centered Curriculum. Each component contains a training manual with competencies, trainer goals and objectives, training materials and activities for participants. (The components are found under separate cover in Appendix D.)

Components:

1. Family-Centered Approach to Early Childhood Special Education

Purpose:	These materials are designed to assist agencies to comply with the intent of PL-99-457; that is, to assure that families participate fully in the education of their children, collaborating with staff to set their own goals and to implement intervention plans for their children and themselves.
Benefit:	Staff and families learn to form effective and satisfying partnerships and collaborate to plan for children with special needs.

2. Another Way to View Child Development: An Interactive Approach to the Integration of the Sensorimotor System, Communication, and Temperament.

Purpose:	The purpose of this component is to assist parents and professionals in understanding how the child's temperament, and sensorimotor

Project Ta-kós Outreach Model Contents

I. Family-Centered Curriculum

Elements:
- Family-Centered Approach to Early Childhood Special Education
- Another Way to View Child Development
- Understanding Family Uniqueness through Cultural Diversity
- Family Networking: Linking Families, Friends and Professionals
- Transition to Public School
- Infusing Family-Centered Concepts into Agency Administration

II. Three Phase Training Framework

Elements:
- information acquisition
- skill acquisition
- mastery

III. In-Service Program Planning

Elements:
- collaborative process
- "hands-on" approach
- site-specific framework
- ongoing feedback

IV. Continuum of Competence Concept

Elements:
- individual and program competence
- integration of skills and knowledge

V. Interagency Collaboration

Elements:
- developing links across and within agencies
- promoting common experiences, expectations and understanding
- strengthening the responsiveness of the service delivery system

VI. Administrative Support

Elements:
- developing a philosophical framework
- "ecology" of the workplace
- supervisor's role
- opportunities for successful change

Table 2

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and communication systems support each other in helping the child develop a solid foundation for normal growth and development.

Benefit: Awareness of the interaction and integration of these systems leads to more appropriate interpretation of the child's developmental needs by parents, teachers and other caregivers. This understanding leads to a better "goodness of fit" of how the child and adult respond to each other, therefore enhancing the child's development.

3. Understanding Family Uniqueness through Cultural Diversity

Purpose: The purpose of this component is to assist professionals in understanding the role culture plays in parental interpersonal dynamics and how adults blend to form unique family life-ways and how a family arrives at appropriate intervention techniques and activities.

Benefit: Participants will explore what each family brings from the past and adapts from the present. This component will create an awareness of how to determine a goodness-of-fit between the intervention plan, the family's life-ways, and the child's needs.

4. Family Networking: Linking Families, Friends and Professionals

Purpose: The purpose of this component is to break down the isolation that families who have young children with special needs often experience. The inherent abilities of parents to help other parents and foster their common bond will be acknowledged. Participants share, through personal experience, what support networking means in their lives.

Benefit: Networking for families builds on the self-help capabilities of each parent; sets the stage for parents to utilize family, friends, and professionals for support; creates the momentum for giving and receiving support; builds empathetic listening skills and validates feelings.

5. Transition to Public School for Families of Young Children with Special Needs

Purpose: The transition to public school for young children with special needs requires planning and collaboration between parents and professionals. The primary purpose of this component is to identify methods and strategies that can be used by parents and professionals to build on existing skills and resources in order to improve the transition process for children and their families.

Benefit: Everyone involved has a part in making a child's school transition successful, lessening feelings of stress and enhancing individual participants' personal sense of control over the situation. This component supports communication among families and professionals, and facilitates easy access to services.

6. Infusing Family-Centered Concepts into Agency Administration

Purpose: The purpose of this component is to assist policy makers in understanding the vital role they must play in the emergence and growth of a family-centered agency. Becoming family-centered demands internal agency change as well as programmatic change which can only be initiated at the policy/administrative level.

Benefit: Participants explore the relationships of family-centered principles to management theory and practice. A system for ongoing review and suggestions on the change process are included for agency mission, governance, development, operations, policy and personnel, evaluation, staff development and community relationships.

All of the Family-Centered Curriculum Components are well articulated and can be utilized flexibly with a variety of audiences (parents, education and health care professionals) in a variety of settings in both urban and rural areas.

II. *Three-Phase Training Framework*

There are three assumptions underlying the format for inservice training.

1. Change involves a process, and is not simply a "product." There must be sufficient time to train individuals systematically as they begin to adopt innovative techniques. The three-phase framework for training takes place over a period of time, in contrast to the popular single-workshop method.

2. Change takes place differently for individuals receiving training, depending upon the type of program in which they work (health clinic, public school, etc.) or upon their orientation, experience and environments (e.g., parents in rural vs. urban areas).

3. Administrative support is essential for inservice training to be successful. Ta-kós secures administrative commitment to the proposed training as a prerequisite for a site's participation in the project.

All components of the Family-Centered Curriculum are delivered within the three-phase format. Phase I training is information acquisition: primarily formal instruction with an emphasis on interactive participation. The discussion of theory specific to the topic is interspersed throughout the training. Phase II, skill acquisition, relates more directly to application of theory with children and their families. Participants are expected to learn and practice skills introduced during Phase I. Phase III, mastery, integrates theory and skills into practice. All Phases of training are responsive to the individual sites' geographic setting and population. (See Table 3.)

III. *Inservice Planning*

Project Ta-kós Outreach training revolves around a continuum of activities which comprise the project's collaborative process of inservice planning. This process is based on adult learner theory and recognizes that participants become more invested in the overall outcomes if the inservice plans are jointly created and evaluated.

The approach is based on the process used for developing IFSP's with families. Administrators, participants (staff and family members) and Ta-kós staff discuss expectations, develop inservice training plans to include content, intensity and duration of the training and evaluate the on-going activities to assure continued relevance.

IV. *Continuum of Competence Concept*

Fenichel & Eggbeer define competence as the "ability and action to do the right thing, at the right time and for the right reason...it involves the capacity to analyze a situation, consider alternative approaches, select and skillfully apply the best observation or intervention techniques, evaluate the outcome, and articulate the rationale for each step of the process (1990)." Within a program, competence is required on two levels: (1) the skills of the individual (individual competence), and (2) the collective competence of program staff and family experience (program competence). The Three-Phase Training Framework of Project Ta-kós Outreach enhances both individual and program competence.

Programs must address both individual and program competence to meet the needs of children with special needs and their families. Program quality is determined by the competency of the individuals who exchange information and make decisions. Parents, staff members (professional and support), administrators, board members and others who develop policy, define practices and conduct services determine program competence.

Individual competence develops along a continuum. During an individual's "work life," continued education and inservice training provides opportunities to expand or learn new skills,

Activities for the Three-Phase Training Framework

Phase I - Information Acquisition/Self-Awareness

* site visits
* oral presentation
* written visual material
* discussion
* demonstration
* role playing
* specific articles related to specific training needs

Phase II - Skill Acquisition

* expert coaching
* on-site training
* training in specific intervention strategies
* role playing
* observation and feedback
* case studies
* discussion
* brainstorm ideas
* modeling
* video-audio feedback
* teaming
* formal feedback - direct service staff and administrative staff (large/small group or individual)
* linkages with other agencies (schedule meeting, arrange for peer coaching, etc.)

Phase III - Mastery

* up-to-date information - books, articles, videotapes, films, etc. upon request
* up-to-date information regarding other relevant training opportunities, conferences, etc.
* telephone consultation
* informal, on-going feedback
* information on resources within or outside the agency
* joint presentation at conferences

Table 3

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knowledge and experiences. Throughout Project Ta-kós Outreach training, participants increase individual competence through discussion, practice and activities designed to meet individual needs.

Program competence is determined by staff attitudes and expertise, the family's experience with service delivery and agency policies and practices. The Three-Phase Training Framework provides opportunities for participants to address shared concerns and agency needs. Project Ta-kós curriculum components, such as Infusing Family-Centered Concepts in Agency Administration, provide information on ways to assess family-centered practices. On-going consultation is offered to institutionalize change.

V. *Interagency Collaboration*

Project Ta-kós insures that intervention considers the total environment of the child with special needs. Inservice training programs must consider the ecological system in which the child and family resides. Families may be involved with professionals in a variety of contexts, including educational and health care settings. Project Ta-kós Outreach provides Project Ta-kós Curriculum training for all interested agencies within a community that families may access. Including these agencies naturally increases the probability that children and families remain an integral part of the community in which they reside.

Consistent and close interpersonal contact over time allows for agency personnel to develop links across and within agencies and to coordinate services that are responsive to the individual needs of families. The inservice planning process and training activities encourage a higher level of participation between agencies and between staff within an agency.

VI. *Administrative Support*

Within the discussion of the Three-Phase Training Framework, reference is made to the critical role of administrative support for inservice training to be successful. There are a variety of ways in which administration assures that the potential impact of inservice training is realized.

Administration identifies the philosophical framework under which providers and families work together. If there are conflicting philosophies between the program and the direction of the inservice training, the training will not increase the program's competency in meeting family needs.

Administrative support is necessary in order to allow the time and resources for enabling the program and individuals to move along a continuum of competency. Policies, procedures and staff support activities evolve not only to reflect this continuum, but to nurture and strengthen program change. Administrative support provides the opportunities for effective program change.

"Supervision may be the single most important element of inservice training for infant/family practitioners." (Fenichel, Eggbeer, 1989). There is a need to invest those with supervisory responsibilities with the competencies to effectively teach, reinforce, assess and support those service providers who are in direct contact with infants, young children and their families.

For these reasons, Project Ta-kós developed Infusing Family-Centered Practices into Agency Administration, a handbook designed for supervisors, key management level staff and boards of directors. The issue of assessing how well competency levels match family-centered principles motivated the development of this manual. Inservice training is an ongoing process that must have support on a consistent basis, not just when inservice training staff are present. The collaboration that must occur between providers and families must also occur among all levels of staff.

Summary of Evaluation Methods

The model, developed during the demonstration phase, was evaluated by training participants and by families who were consumers of services at the training sites. The Project Ta-kós research design examined whether a family-centered approach to intervention resulted in more positive outcomes and more lasting benefits than traditional intervention approaches and whether the intervention objectives of the project were achieved.

During Outreach, the project staff examined individual and program competence. Behavioral, archival and self-report data were used to assess knowledge, skills and mastery of training content. Data consist of pre/post competency tests and attitudinal survey measures, training satisfaction surveys, self-and group-report, observational and anecdotal notes, and review of agency documents.

Research and evaluation was conducted on the six components and the training framework. The research and evaluation findings support the conclusion that the Project Ta-kós training model positively influenced education and health care service providers' practices and early intervention programs' policies for delivering family-centered services to families and their children with special needs. (See appendix B for complete research reports and Appendix C for supplemental research materials.)

Selection Criteria for Outreach

All sites selected for training have met the criteria for selection for Project Ta-kós Outreach.

Agencies selected for outreach assistance and replication preparation must meet the following criteria:

a) the target agency should provide a quality program (i.e., adequate staff, facility, etc.) for young children and meet state approved daycare standards, public schools accreditation standards, or state health care standards;
b) the target agency's funding base should be stable;
c) the target agency should demonstrate a firm commitment to the concept of least restrictive environment and agree to adopt the elements of the Project Ta-kos curriculum;
d) the target agency should demonstrate a firm commitment to the idea of interagency collaboration;
e) the target agency will agree to sign a technical assistance outreach agreement;
f) the target agency will commit staff, time, and resources toward training in Project Ta-kos;
g) the target agency will furnish pre and post data, as warranted;
h) the target agency will participate in all evaluation efforts undertaken by Project Ta-kos.

The criteria established for initiating a relationship with an agency and providing outreach assistance will be applied flexibly in cases where there are substantial numbers of unserved children with special needs from 0-8 or where an agency demonstrates both a commitment and the potential to improve its present delivery of services.

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References

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Dunst, C. J., Trivette, C. & Deal, A. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA: Brookline Books.

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IMPACT

Two goals for Project Ta-kós Outreach are to provide training and disseminate information on family-centered service provision. The activities are based on the Project Ta-kós Outreach Model (see Project Ta-kós Outreach Model Contents in Theoretical and Conceptual Framework section). The first goal is to implement the Project Ta-kós training model with interagency training groups in order to increase the probability that children (ages birth to eight years of age) at-risk for or with developmental delays and their families receive services that are family-centered and in the least restrictive environment. The second goal is to develop and disseminate information on family-centered services in order to influence service delivery, policy development, and accessibility of services on behalf of young children with special needs and their families.

The model, developed during the Project Ta-kós Demonstration project in 1987 to 1990, is comprised of six curriculum components, a three-phase training approach based on principles of adult learning and encourages interagency coordination and collaboration. Audiences targeted to receive training include parents, educators (teachers, therapists), health care professionals and others working with or caring for young children with developmental delays, ages birth through eight years.

Project Ta-kós has accomplished the proposed goals and made worthwhile contributions to current knowledge and practice in the field of early intervention through inservice training, consultation, presentations and development and dissemination of products. Project highlights include:

1. prepared the Infusing Family-Centered Practices into Agency Administration handbook, a resource tool for policy level decision-makers who seek a family-centered agency administration, which resulted in improvements to family-centered component and training;
2. participated on eight committees to influence state level policies that would support local level change for implementing family-centered services;
3. replicated the Project Ta-kós Inservice Training Model for early childhood education professionals in Cibola county and for District I Public Health personnel;

4. trained cross departmental groups in a pediatric hospital, with staff members affirming their common sense of purpose and with working groups which identified objectives and strategies to implement family-centered services;

5. published the bi-annual newsletter, Talking Leaves, distributed to over 500 people or agencies increasing awareness of Project activities;

6. presented to five national and eight regional conferences on culturally-relevant, family-centered services;

7. sponsored a statewide leadership institute where participants arrived at a common understanding about providing culturally relevant services;

8. disseminated the family-centered approach through an advisory committee of parents and transdisciplinary professionals, strengthening community, families and services;

9. developed or strengthened inter/intragency links at training sites through training that is interactive and fosters a common commitment;

10. trained 712 parents and professionals in family-centered practices through a three-phase training framework;

11. presented to 1,214 professionals and parents in the family-centered approach at local, state and national conferences.

Project Ta-kós anticipated improving services for approximately 2,500 children. Because additional sites, including two institutes in Washington State and District I Public Health, Project Ta-kós exceeded these numbers. The Summary of Curriculum Component Training Chart, the Summary of Presentations and the Summary of Community of Support in Appendix A identify training sites and presentations, numbers of persons who attended, components or topics trained and training dates.

ASSURANCE STATEMENT

The full and final report has been sent to ERIC and copies of title page and abstract have been sent to the other addresses on the attached sheet to the Format for Final Report.

Linda Askew 1/15/95

Linda Askew, Director Date

APPENDIX A - SUPPLEMENTARY PROGRAM MATERIALS

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SUMMARY OF CURRICULUM COMPONENT TRAINING
PROJECT TA-KÓS

TRAINING COMPLETED			
Location/Agency	Component	Date	No. of Participants
Cibola County Agencies:			
Acoma Head Start	Understanding Family		
ACL Hospital	Uniqueness Through	Feb-Sept 92	26
Bethphage Missions West	Cultural Diversity; Phase I		
Children's Med. Services			
Cibola D. D. Preschool	Another Way to View Child	Jan-May 92	
Grants Public Health	Development; Phase I		26
Laguna Head Start			10
Mid West Grants Head Start			parents
Bethphage Missions West	Understanding Family		
Cibola D. D. Preschool	Uniqueness Through	Sep 92-May	8
Grants Public Health	Cultural Diversity; Phase II	93	
Laguna Head Start	Phase III	Aug 93-Apr	5
	Replication Phase I	94	4
	Family Networking	Sept 92	9
	Workshops Requested by Parents:		
	Positive Guidance	Oct 93	14
	Communication: Children's Developing Language	Jan 93	7
	Temperament	Feb 93	5
	Transitions	Apr 93	6
	The Challenging Child	Oct 93	7
	Knowledge is Power	Nov 93	6
	Sensory Motor Abilities	Jan 94	6
	Toys for Sp./Lang. Dev.	Feb 94	10
	Separation Anxiety	Mar 94	5

Location/Agency	Component	Date	No. of Partici-pants
Bernalillo County Agencies:			
Carrie Tingley Hospital Group I Group II Group III	Family-Centered Approach to Early Childhood Special Education	Feb-Mar 92 Apr-May 92 Aug 92	51
District I Public Health Cultural Competence Committee	Understanding Family Uniqueness Through Cultural Diversity; Phase I	Jul-Aug 92	18
	Phase II	Feb-May 93	10
	Phase III	Jan-Aug 94	6
District I Public Health Division All Staff	Replication Phase I	Jan-Feb 94	60
	Phase II	Jul-Aug 94	9
Torrance County Agencies:			
Moriarty Municipal Schools Regional Center Cooperative V	Family-Centered Approach to Early Childhood Special Education; Phase I	Sep 92-May 93	20
	Phase II	Sep 93-Apr 94	10
Jelly Bean Junction Oak Tree Family Resource Center	Family Networking	Oct 92	12
Estancia Public Schools	Family-Centered Approach to Early Childhood Special Education	Mar 94	18
Mountainair Public Schools	Family-Centered Approach to Early Childhood Special Education	Mar 94	40

Location/Agency	Component	Date	No. of Partici-pants
Other Sites:			
Early Childhood Special Education, 1992 Summer Institute, Wenatchee, WA	Understanding Family Uniqueness Through Cultural Diversity Phase I	Aug 92	90
Early Childhood Special Education 1993 Summer Institute, Wenatchee, WA	Understanding Family Uniqueness Through Cultural Diversity Phase I & Phase II	Aug 93	15
Dept. of Education, Pensacola, FL	Transition to Public Schools	Dec 91	20
NET NM Staff Retreat	Infusing Family-Centered Concepts Into Agency Administration	Aug 92	15
New Vistas,Early Intervention Program, Santa Fe	Family-Centered Approach to Early Childhood Special Education	Mar-Apr 93	15
	Another Way to View Child Development	May-Jun 93	16
Zuni Entrepreneurial Enterprises; Zuni Head Start, Zuni, NM	Another Way to View Child Development; Phase I Phase II	Jan-Feb 93 Apr-May 93	10 6
Shiwi Ts'ana Early Intervention Program Zuni, NM Pine Hill School, Ramah Navajo Reservation	Family-Centered Approach to Early Childhood Special Education	Jun 94	3
Washington Educational Service District 112	Understanding Family Uniqueness Through Cultural Diversity	Apr 93	22

Location/Agency	Component	Date	No. of Participants
Washington Education Service District 123	Understanding Family Uniqueness Through Cultural Diversity	May 93	20
Albuquerque Public Schools Preschool Programs	Understanding Family Uniqueness Through Cultural Diversity; Phase I	Sep 93-Mar 94	38
	Phase II	Jul-Aug 94	3
Southwest Services for the Handicapped-Silver City	Family-Centered Approach to Early Childhood Special Education	Jun 94	9
New Mexico Early Childhood Diversity Action Team	Understanding Family Uniqueness Through Cultural Diversity; Phase I & II	Apr 94	14
Gallup McKinley County Public Schools, Preschool Program	Family-Centered Approach to Early Childhood Special Education; Phase I	Mar-May 94	18
Navajo Head Start, Gallup, NM	Family-Centered Approach to Early Childhood Special Education; Phase I	Mar-May 94	16
Alta Mira Specialized Family Services	Family-Centered Approach to Early Childhood Special Education	Aug 94	26

TRAINING AGREEMENT

TRAINING SITE:		PROJECT TA-KÓS:	
Agency:	Cibola D.D. Preschool		
Director:	Nancy Miller	Director:	Linda Askew/Betty Yoches
Contact Person:	Nancy Miller	Contact Person:	Margaríta Luera
Address:	320 E. High	Address:	P.O. Box 7040
	Grants, NM 87020		Alb., NM 87194-7040
	Phone: 285-4661	Phone:	842-9948

* * *

Cibola D.D. Preschool, in cooperation with Project Ta-kós, agree to participate in inservice training and evaluation activities. The purpose of the evaluation is to ascertain whether training is effective and contributes to change in staff and parents. Training activities, persons responsible, a timeline, and measureable results are delineated on page 3 of this agreement.

Project Ta-kós, a special project of Alta Mira Specialized Family Services, is an outreach inservice training model project. It is funded by the Early Education Programs for Children with Disabilities (EEPCD), U.S. Department of Education. This innovative project reflects an ecological, family-centered approach to intervention.

Theory, demonstration, practice, and feedback are used in order for trainees to develop skills that can be translated into exemplary work with children and families. The training design will consider the individual learner characteristics and group dynamics. Training content is based on the philosophy of Project Ta-kós.

The philosophy of Project Ta-kós states that training will:

- support, not supplant, parents in their primary roles as parents;
- promote collaboration through informed partnerships, allowing professionals to share their expertise, and parents to remain the true experts on their children with special needs;
- respect the individual's learning style, philosophy, related practices, and needs.

This agreement commits both the training site and Project Ta-kós to the activities, as delineated on the following page. Carefully read over all the sections in this agreement and sign your name in the appropriate space.

I, representing the staff of Cibola D.D. Preschool, agree to participate in the following activities and take responsibility for the activities assigned within the identified timeline. Corrections or additions are:

to provide refreshments for parent workshop
on Sept. 25 and Oct. 23, 1992
to provide meeting room space for parent workshops
2/93 thru 5/93 and for staff workshops 9/93 thru 5/93

Training Site Administrator:
Nancy K. Miller 10/23/92
(signature) (date)

Ta-kós Training Coordinator:
Margarita Luera 10/23/92
(signature) (date)

GOAL: To implement the family-centered approach, as reflected in the Ta-kós curriculum components, in order to support and enhance the quality of early intervention services.

ACTIVITY	RESPONSIBILITY	TIMELINE	MEASUREABLE RESULTS
Participate in Phase I training (information aquisition) on Child Development component	Project Ta-kós Staff Site Staff	9/92 - 5/93	Training evaluation & # of people in attendance
Participate in Phase II & III training (skill aquisition & retention) on Cultural Diversity component	Project Ta-kós Staff; Site Staff	/92 - 5/93	Monthly consultations by phone, on-site, or by mail
Invite & encourage parents to participate in training on components	Project Ta-kós Staff; Site Staff	9/92 - 5/93	Flyers, letters, phone calls, personal contacts
Provide facilities/equipment/time for parent and staff time, organize staff training time, notify staff and others as appropriate	Site Staff & Project Ta-kós Site Coordinator	9/92 - 5/93	2 Parent Training Activities Staff training Activities
Obtain release of information from parents for those sites participating in the Family-Centered component to access IFSP/IEP information for evaluation, if appropriate	Site Staff	na	Developmental Child Data is completed for analysis
Complete evaluation instruments: - Background Information Survey - PreTraining Survey - Pre/Post Tests - Case Studies	Site Staff; Project Ta-kós Staff	9/92 - 5/93	Completed data
Compile evaluation data and communicate results to training site staff	Project Ta-kós Staff	5/93	Data compiled for analysis
Contract for continuing education for participants; including $20.00 application fee from ________	Project Ta-kós Staff; Site Staff	na	Continuing education units are available for all interested participating educational staff

TRAINING AGREEMENT

TRAINING SITE:		**PROJECT TA-KÓS:**	
	Carrie Tingley Hospital		
Director:	Dr. Javier Aceves, Pediatrics	**Director:**	Betty Yoches/Linda Askew
Contact Person:	Mary Ellen Hunner	**Contact Person:**	Betty Yoches
Address:	1127 University Blvd, NE Albuquerque, NM 87102	**Address:**	3201 Fourth, NW Albuquerque, NM 87107
Phone:	272-5200	**Phone:**	345-6889

********* ** *********

Carrie Tingley Hospital, in cooperation with Project Ta-kós, agrees to participate in inservice training and evaluation activities. The purpose of the evaluation is to ascertain whether training is effective and contributes to change in staff and parents. Training activities, persons responsible, a timeline, and measureable results are delineated on page 3 of this agreement.

Project Ta-kós, a special project of Alta Mira Specialized Family Services, is an outreach inservice training model project. It is funded by the Early Education Programs for Children with Disabilities (EEPCD), U.S. Department of Education. This innovative project reflects an ecological, family-centered approach to intervention.

Theory, demonstration, practice, and feedback are used in order for trainees to develop skills that can be translated into exemplary work with children and families. The training design will consider the individual learner characteristics and group dynamics. Training content is based on the philosophy of Project Ta-kós.

The philosophy of Project Ta-kós states that training will:

- support, not supplant, parents in their primary roles as parents;
- promote collaboration through informed partnerships, allowing professionals to share their expertise, and parents to remain the true experts on their children with special needs;
- respect the individual's learning style, philosophy, related practices, and needs.

This agreement commits both the training site and Project Ta-kós to the activities, as delineated on the following page. Carefully read over all the sections in this agreement and sign your name in the appropriate space.

I, representing the staff of Carrie Tingley Hosp. agree to participate in the following activities and take responsibility for the activities assigned within the identified timeline. Corrections or additions are:

Training Site Administrator:

(signature) 3/11/92 (date)

Ta-kós Training Coordinator:

Betty [illegible] (signature) 3/16/92 (date)

GOAL: To implement the family-centered approach, as reflected in the Ta-kos curriculum components, in order to support and enhance the quality of early intervention services.

ACTIVITY	RESPONSIBILITY	TIMELINE	MEASUREABLE RESULTS
Participate in Phase I training (information aquisition) on Family-centered component	Project Ta-kos Staff	March 16, 1992	Training evaluation & # of people in attendance
Participate in Phase II & III training (skill aquisition & retention) on Family-centered component	Project Ta-kos Staff; Site Staff	Ongoing	Monthly consultations by phone, on-site, or by mail
Invite & encourage parents to participate in training on components	Project Ta-kos Staff; Site Staff	February, 1992	Flyers, letters, phone calls, personal contacts
Provide facilities/equipment/time for parent and staff time, organize staff training time, notify staff and others as appropriate	Site Staff & Project Ta-kos Site Coordinator	February 24, 1992 March 2, 1992 March 9, 1992 March 16, 1992	2 Parent Training Activities Staff training Activities
Obtain release of information from parents for those sites participating in the Family-Centered component to access IFSP/IEP/Care Plan information for evaluation, if appropriate	Site Staff		Developmental Child Data is completed for analysis
Complete evaluation instruments: - Background Information Survey - PreTraining Survey - Pre/Post Tests - Case Studies - Issues in Early Intervention	Site Staff; Project Ta-kos Staff	February 24, 1992 March 16, 1992 and upon completion of Phase III activities	Completed data
Compile evaluation data and communicate results to training site staff	Project Ta-kos Staff	Upon completion of Phase III activities	Data compiled for analysis
Contract for continuing education for participants; including $20.00 application fee from Carrie Tingley Hospital	Project Ta-kos Staff; Site Staff	March 16, 1992	Continuing education units are available for all interested participating educational staff

Project Ta-kos (ta kos) *n* [from a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations] **1.** a family-centered curriculum for persons living or working with young children who are developmentally disabled. **2.** an in-service training model utilizing the curriculum, designed to impact present and future attitudes and actions.

CIBOLA COUNTY
GRANTS, NEW MEXICO
September 25, 1992

Project Ta-kos
3201 4th St NW
Albuquerque
New Mexico
87107

505/345-6889
FAX 505/345-6482

FOR PARENTS ONLY
Cibola County Board Room
Second and Washington

9:00 am	Coffee and Registration
9:30 am	NETWORKING
11:10 am	Future Planning
11:30 am	Adjourn

FOR ADMINISTRATORS ONLY
Special Education Meeting Room

1:30 pm	Planning For Understanding Family Uniqueness Through Cultural Diversity
3:30 pm	Adjourn

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Project Ta-kós [illegible] suggests that [illegible] will [illegible] 1. [illegible] family-centered [illegible] working with [illegible] who are [illegible] 2. an in-service training model utilizes the curriculum designed to impact present and future attitudes and actions.

PROJECT TA-KÓS NETWORKING

October 23, 1992
9:30 am - 11:30 am

Project Ta-kós
P.O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

A family-centered approach to early intervention respects the child as a member of the family first, and as a person in need of intervention second. The family and the professional work together in developing intervention alternatives with the family members choosing what best meets their needs.

AGENDA

I. Introductions and Goals

II. Getting To Know Each Other

III. Why Family-Centered Came About

IV. Activity: Recognizing a Family-Centered Approach

V. Why Network?

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Project Ta-kos [illegible] From a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations. **1.** a family-centered curriculum for persons living or working with young children who are developmentally disabled. **2.** an in-service training model utilizing the curriculum, designed to impact present and future attitudes and actions.

Project Ta-kos
3201 4th St., NW
Albuquerque
New Mexico
87107

505/345-6889
FAX: 505/345-6482

AGENDA SESSION ONE

Carrie Tingley Hospital
Monday, April 6, 1992
1:00 - 5:00 pm

1:00 I INTRODUCTIONS

II A FAMILY-CENTERED APPROACH - AN INTRODUCTION
- Definitions and Rationale
- Key Elements
- Public Law 99.457
- Implications for Health Care Professionals

2:15 Break

2:30 III BENEFITS OF APPLYING A FAMILY-CENTERED APPROACH

IV THE FAMILIES EXPERIENCE AT CARRIE TINGLEY HOSPITAL

3:45 Break

4:00 V MODELS OF INTERVENTION AND FAMILY-CENTERED CARE
- Child-Centered, Family Allied, Family-Focused, Family-Centered

4:45 VI SUMMARY AND CONCLUSIONS
WORKSHOP EVALUATIONS

OBJECTIVES:

* To identify elements of Family-Centered Care.
* To learn the rationale and benefits for using Family-Centered practices.
* To identify models of intervention at Carrie Tingley Hospital.

A special project of Alta Mira Specialized Family Services

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AGENDA - SESSION II

Carrie Tingley Hospital
Monday, April 13, 1992
1:00 - 5:00 pm

1:00 I. INTRODUCTION and HOMEWORK REVIEW

II. BELIEFS and VALUES
- Introduction
- Recognizing Our Own

2:05 Break

2:15 III. RECOGNIZING THE INFLUENCE OF BELIEFS and VALUES

3:25 Break

3:35 III. INTERPERSONAL COMMUNICATION FOR AN ADAPTIVE FIT
- Building Rapport
- Awareness of Listening Skills
- Awareness of Responding Techniques

4:45 IV. SUMMARY AND CONCLUSIONS
- Homework
- Workshop Evaluations

OBJECTIVES:
- To recognize beliefs and the value placed on those beliefs.
- To recognize how one's beliefs and values affects interpersonal relationships.
- To reacquaint participants with the concept of rapport and to introduce a rapport continuum
- To observe listening skills and responding techniques that support rapport and relationship building.

Project Ta-kos (ta kost' ə) from a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations; 1. a family-centered curriculum for persons living or working with young children who are developmentally disabled. 2. an in-service training model utilizing the curriculum, designed to impact present and future attitudes and actions.

AGENDA - SESSION III

Carrie Tingley Hospital
Monday, April 27, 1992
1:00 - 5:00

Project Ta-kos
201 4th St NW
Albuquerque
New Mexico
87107

505/345-6889
Fax 505/345-6482

1:00 I. Introduction and Homework Review

II. Collaboration

2:00 BREAK

2:15 III. Interpersonal Communication Skills for Collaboration
- Listening
- Responding

3:15 BREAK

3:30 IV. Interpersonal Communication continued
- Interviewing
- Respecting the Family's Information

4:45 V. Summary and Conclusions
- Homework
- Workshop Evaluations

OBJECTIVES:

- To recognize parent/professional collaboration
- To identify ways collaboration occurs
- To explore and practice strategies for promoting successful collaboration

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Project Ta-kós (ta kōs' n.) from a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations; **1.** a family-centered curriculum for persons living or working with young children who are developmentally disabled. **2.** an in-service training model utilizing the curriculum, designed to impact present and future attitudes and actions.

AGENDA

Carrie Tingley Hospital
May 4, 1992

Project Ta-kos
3201 4th St NW
Albuquerque
New Mexico
87107

505/345-6889
FAX 505/345-6482

1:00	I.	Review And Homework
1:30	II.	Discussing Family-Centered Practices at Carrie Tingley Hospital - Activity I
2:00		Break
2:10		Discussing Family-Centered Practices, cont'd. Activity II
2:50		Break
3:00	III.	Impact of Family-Centered Care at Carrie Tingley Hospital
3:15	IV.	Planning for Change - Departments
3:45		Planning for Change - Individuals
4:15	V.	Summary
4:30	VI.	Pre/Post

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Project Ta-kos
[illegible]

AGENDA
Navajo Head Start Programs
April 14, 1994

Session I	9:30 am
Lunch	11:30 am
Session II	12:45 pm
Adjourn	2:30 pm

Project Ta-kós
P.O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

Activity: Examine listening and reframing techniques
Purpose: To increase ability to communicate effectively during the IFSP process.

Activity: Examine the content requirements of the IFSP
Purpose: To learn the requirements and the process for meeting these requirements.

Activity: IFSP outcome statements: What are they?
Purpose: To explore how IFSP outcome statements are written and how they compare to IEP goal statements.

Activity: Interviewing for relevant IFSP's
Purpose: To learn and practice interviewing skills that ensure family priorities are addressed while developing outcome statements.

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Project Ta-kos

AGENDA
Gallup/McKinley County Schools
April 15, 1994

Project Ta-kós
P.O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

Session I	9:00 am
Lunch	11:30 am
Session II	12:45 pm
Adjourn	2:00 pm

Activity: Examine listening and reframing techniques
Purpose: To increase ability to communicate effectively during the IFSP process.

Activity: Examine the content requirements of the IFSP
Purpose: To learn the requirements and the process for meeting these requirements.

Activity: IFSP outcome statements: What are they?
Purpose: To explore how IFSP outcome statements are written and how they compare to IEP goal statements.

Activity: Interviewing for relevant IFSP's
Purpose: To learn and practice interviewing skills that ensure family priorities are addressed while developing outcome statements.

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A special project of Alta Mira Specialized Family Services

Project Ta-kos
[illegible]

AGENDA
Navajo Head Start
March 17, 1994

Project Ta-kós
P.O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

Session 1	9:30 am
Lunch	11:30 am
Session 2	12:45 pm
Adjourn	2:30 pm

Activity: Looking at our children's strength
Purpose: To develop skills in observing the whole child

Activity: Compare the IEP & IFSP
Purpose: To learn the strengths of the IFSP for young children

Activity: Examine the transition process as defined in the IFSP
Purpose: To learn the possible value of a community transition plan

Activity: Examine Rapport building
Purpose: To sharpen skills needed in the IFSP process (The Family-Centered Approach to services)

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Project Ta-kos

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AGENDA
Gallup-McKinley County Schools
March 18, 1994

Project Ta-kós
P.O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

Session 1	9:00 am
Lunch	11:30 am
Session 2	12:45 pm
Adjourn	2:00 pm

Activity: Discussion of take home activity
Purpose: To develop skills in observing children's strengths (looking at the whole child

Activity: Discussion of questions raised in first workshop
Purpose: To clarify information and address concerns
- * Who can change the IFSP?
- * What does "Natural Environment" mean?

Activity: Examine the transition process as defined in the IFSP
Purpose: To learn the possible value of a community transition plan

Activity: Examine Rapport building
Purpose: To sharpen skills needed in the IFSP process (The Family-Centered Approach to services)

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A special project of Alta Mira Specialized Family Services

AGENDA FOR MARCH 10

9:30 I. Welcome and Introduction

II. What is Special Education?

III. What is the IEP and how does it work in your setting?

11:30 Lunch

12:45 IV. What would special education in McKinley County be if you could make it be what you wanted it to be?

2:15 V. Summary and Evaluation

2:30 Adjourn

SUMMARY

WORKSHOP EVALUATION: PROJECT TA-KOS

Child Dev Phase II - Wkshp II	ZUNI	5/6/93
Workshop Name	**Location (Agency, City)**	**Date**

		Very	Some-what	Not at all
1.	The workshop objectives were clear	|||| |		
2.	The information presented in this workshop was:			
	meaningful	𝍸 |		
	useful	𝍸 |		
		Good (3)	**Adequate (2)**	**Poor (1)**
3.	Workshop organization was:	𝍸 |		
4.	The topics covered in the workshop were:	𝍸 |		
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	𝍸 |		
6.a.	Presenter I Darcie was			
	informed	𝍸 |		
	articulate	𝍸 |		
	stimulating	𝍸 |		
b.	Presenter II Betty was			
	informed	𝍸 |		
	articulate	𝍸 |		
	stimulating	𝍸 |		
7.	Overall, the workshop was:	𝍸 |		

8. What did you like best about this workshop?

9. What information was expected but not addressed?

10. How could we improve the workshop?

11. In what areas would you like more information?

12. Comments

Thank You!

Project Ta-kos 1991

SUMMARY WORKSHOP EVALUATION: PROJECT TA-KOS

Heightened Awareness	APS	10/30/93
Workshop Name	**Location (Agency, City)**	**Date**

		Very (3)	Somewhat (2)	Not at all (1)
1.	The workshop objectives were clear	|| 𝍸𝍸	||||	
2.	The information presented in this workshop was:			
	meaningful	|| 𝍸𝍸	|||	
	useful	||| 𝍸𝍸	||	
		Good (3)	**Adequate (2)**	**Poor (1)**
3.	Workshop organization was:	|||| 𝍸𝍸	||	
4.	The topics covered in the workshop were:	|||| 𝍸𝍸	|	
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	𝍸𝍸𝍸 |||		
6.a.	Presenter I Marguerite was			
	informed	𝍸𝍸𝍸		
	articulate	𝍸𝍸 |||	|	
	stimulating	𝍸𝍸 ||||		
b.	Presenter II Tony was			
	informed	𝍸𝍸 ||||		
	articulate	𝍸𝍸 |||	||	
	stimulating	𝍸𝍸 |||	|	
c.	Presenter III ______ was			
	informed			
	articulate			
	stimulating			
7.	Overall, the workshop was:	|| 𝍸𝍸	||	

8. What did you like best about this workshop? ______

9. What information was expected but not addressed? ______

10. How could we improve the workshop? ______

11. In what areas would you like more information? ______

12. Comments ______

Thank You!
Project Ta-kos

Code 4
Site

Last 4 digits SSN

15 Returned

WORKSHOP EVALUATION: PROJECT TA-KOS

Workshop Name: Cultural Diversity 1
Location (Agency, City): Public Health Division
Date: 9/1/92

		Very	middle	Some-what	Not at all
1.	The workshop objectives were clear	𝍸𝍸||	|	||	
2.	The information presented in this workshop was:				
	meaningful	𝍸𝍸𝍸			
	useful	𝍸𝍸𝍸			
		Good (3)		**Adequate (2)**	**Poor (1)**
3.	Workshop organization was:	𝍸𝍸|||			
4.	The topics covered in the workshop were:	𝍸|||||||		||	
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	𝍸𝍸𝍸			
6.a.	Presenter I Margarita was				
	informed	𝍸𝍸𝍸			
	articulate	𝍸𝍸𝍸			
	stimulating	𝍸𝍸𝍸			
b.	Presenter II Patricia was				
	informed	𝍸𝍸𝍸			
	articulate	𝍸𝍸𝍸			
	stimulating	𝍸𝍸𝍸			
7.	Overall, the workshop was:	𝍸𝍸𝍸			

8. What did you like best about this workshop? ______

9. What information was expected but not addressed? ______

10. How could we improve the workshop? ______

11. In what areas would you like more information? ______

12. Comments ______

Thank You!
Project Ta-kos 1991

WORKSHOP EVALUATION: PROJECT TA-KÓS

SUMMARY

Workshop Name	Location (Agency, City)	Date
Balance & Integration	PHD-District I	2/22/94

		Very (3)	Some-what (2)	Not at all (1)
1.	The workshop objectives were clear	𝍸 ||| /			
2.	The information presented in this workshop was:			
	meaningful	𝍸 |||			
	useful	𝍸 |||		
		Good (3)	**Adequate (2)**	**Poor (1)**
3.	Workshop organization was:	𝍸 ||| /		
4.	The topics covered in the workshop were:	𝍸 |||			
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	𝍸 𝍸		
6.a.	Presenter I Naomi was			
	informed	𝍸 𝍸		
	articulate	𝍸 ||||		
	stimulating	𝍸 |||		
b.	Presenter II Rebecca was			
	informed	𝍸 𝍸		
	articulate	𝍸 ||||		
	stimulating	𝍸 |||		
c.	Presenter III Tony was			
	informed	𝍸 𝍸		
	articulate	𝍸 ||||		
	stimulating	𝍸 |||		
7.	Overall, the workshop was:	𝍸 |||		

8. What did you like best about this workshop? ____________________

9. What information was expected but not addressed? ____________________

10. How could we improve the workshop? ____________________

11. In what areas would you like more information? ____________________

12. Comments ____________________

Thank You! Project Ta-kos 1991

SUMMARY

WORKSHOP EVALUATION: PROJECT TA-KÓS

Workshop Name	Location (Agency, City)	Date
Family-Centered	Moriarty, NM	2/12/93

		Very (3)	Some-what (2)	Not at all (1)
1.	The workshop objectives were clear	卌 ||	|	
2.	The information presented in this workshop was:			
	meaningful	卌 |||		
	useful	卌 ||		
		Good (3)	**Adequate (2)**	**Poor (1)**
3.	Workshop organization was:	卌 |||		
4.	The topics covered in the workshop were:	卌	||	
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	卌 |		
6.a.	Presenter I TONY was			
	informed	卌 |||		
	articulate	卌 |||		
	stimulating	卌 ||		
b.	Presenter II LINDA was			
	informed	卌 |||		
	articulate	卌 |||		
	stimulating	卌 ||		
c.	Presenter III ______ was			
	informed			
	articulate			
	stimulating			
7.	Overall, the workshop was:	卌 |||		

8. What did you like best about this workshop? ____________________

9. What information was expected but not addressed? ____________________

10. How could we improve the workshop? ____________________

11. In what areas would you like more information? ____________________

12. Comments ____________________

Thank You!
Project Ta-kos 1

WORKSHOP EVALUATION: PROJECT TA-KOS

Workshop Name	Location (Agency, City)	Date
Fam. Cntr. # 1	CTH ABQ	2/24/92

		Very (3)	Some-what (2)	Not at all (1)
1.	The workshop objectives were clear	卌 卌 卌	卌	
2.	The information presented in this workshop was:			
	meaningful	卌 卌 卌 ||	||||	
	useful	卌 卌 卌 ||	||	
		Good (3)	**Adequate (2)**	**Poor (1)**
3.	Workshop organization was:	卌 卌 ||||	卌 ||	
4.	The topics covered in the workshop were: Same thing, but impt	卌 卌 卌 |||	|	
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	卌 ||| 卌 ||	||	
6.a.	Presenter I Linda was			
	informed Really knowledgeable	卌 卌 卌	|	
	Yes articulate of [illegible], humor	卌 卌 |||	|	
	stimulating appreciated	卌 ||	卌 |	
b.	Presenter II Betty was			
	informed needs to vary	卌 卌 卌 |	|	
	Yes articulate [illegible] "[illegible]" more	卌 卌 ||	|	
	stimulating	卌 卌	|||	
c.	Presenter III ______ was			
	informed			
	articulate			
	stimulating			
7.	Overall, the workshop was: OK	卌 卌 卌 |	|	

8. What did you like best about this workshop? ______

9. What information was expected but not addressed? ______

10. How could we improve the workshop? ______

11. In what areas would you like more information? ______

12. Comments ______

~~A-27~~

Thank You!
Project Ta-kos 1/9

Honoring Family Uniqueness: New Mexico Early Childhood Special Educators Institute

April 18-21, 1994

For helping to make this Institute a reality:
Special thanks to:

Marilyn Price
Part H Coordinator
New Mexico Dept. of Health
Developmental Disabilities Division

Susan Diane Turner
Early Childhood Special Education Coordinator
New Mexico Dept. of Education

HONORING FAMILY UNIQUENESS: NEW MEXICO EARLY CHILDHOOD SPECIAL EDUCATORS INSTITUTE

POTTERS ROOM
OLD TOWN SHERATON
Albuquerque, New Mexico
April 18 -21, 1994

MONDAY, APRIL 18:

8:30 AM	Registration and Coffee
9:00 AM	Welcome Talking Circle Institute Goals
9:45 AM	Understanding Family Uniqueness Through Cultural Diversity: The Self-Awareness Process
10:30 AM	Break
10:15 AM	Understanding Family Uniqueness Through Cultural Diversity: Cultural Exclusiveness
12:15 AM	Lunch
1:00 PM	Understanding Family Uniqueness Through Cultural Diversity: Heightened Awareness
3:00 PM	Break
3:15 PM	Understanding Family Uniqueness Through Cultural Diversity: Ethnographic Observation
5:00 PM	Talking Circles
5:45 PM	Adjourn

HONORING FAMILY UNIQUENESS: NEW MEXICO EARLY CHILDHOOD SPECIAL EDUCATORS INSTITUTE

TUESDAY, APRIL 19:

8:00 AM	Coffee and Talking Circles
8:45 AM	Understanding Family Uniqueness Through Cultural Diversity: Overemphasis
10:15 AM	Break
10:30 AM	Understanding Family Uniqueness Through Cultural Diversity: Ethnographic Interviewing
Noon	Lunch
1:00 PM	Understanding Family Uniqueness Through Cultural Diversity: Balance and Integration
3:00 PM	Break
3:15 PM	Understanding Family Uniqueness Through Cultural Diversity: Balance and Integration
5:30 PM	The Family Visit
8:00 PM	Adjourn

HONORING FAMILY UNIQUENESS: NEW MEXICO EARLY CHILDHOOD SPECIAL EDUCATORS INSTITUTE

WEDNESDAY, APRIL 20:

8:00 AM	Coffee
8:15 AM	Talking Circles
9:15 AM	Break
9:30 AM	Creating a Mission Statement
Noon	Lunch
1:00 PM	**E**arly **C**hildhood **D**iversity **A**ction **T**eam (**ECDAT**) Project Overview
2:00 PM	Break
2:15 PM	Reality Check
4:15 PM	Group Reports
6:00 PM	Adjourn

HONORING FAMILY UNIQUENESS: NEW MEXICO EARLY CHILDHOOD SPECIAL EDUCATORS INSTITUTE

THURSDAY, APRIL 21:

8:00 AM	Coffee
8:15 AM	Talking Circles
9:30 AM	Policy Analysis: Which ones are necessary and desirable?
Noon	Lunch
1:15 PM	Building a Common Language
2:15 PM	Break
2:30 PM	Launching the Document(s) Proposed Mission Statement Proposed Policies Proposed Definitions
3:30 PM	Does it fit Mission Statement?
4:15 PM	Beak
4:30 PM	Large Talking Circle
5:30 PM	Closing Remarks

INSTITUTE GOALS

- Project Ta-kós training to create:
  - Self-awareness
  - Knowledge of own beliefs & values
  - Opportunity to learn & practice ethnographic observation & interviewing skills to eliminate bias and judgement
- To build ECDAT common language about diversity
- To create a Mission Statement
- To create document(s) for dissemination:
  - Proposed Mission Statement
  - Proposed Policies
  - Proposed Definitions
  - Proposed House Memorial
- To develop Action Plans

New Mexico Faculty Institute for Training
Planning Meeting Agenda

March 4, 1994

MEETING OBJECTIVE: TO IDENTIFY AND PRIORITIZE TRAINING NEEDS FOR FACULTY MEMBERS FROM NEW MEXICO INSTITUTIONS OF HIGHER EDUCATION WHO ARE INTERESTED IN TRAINING PERSONNEL IN EARLY INTERVENTION

10:00 - 10:30	Registration
10:30 - 11:30	Welcome and Overviews Western Region Faculty Institute for Training: Dalice Hertzberg WRFIT University of Colorado Health Sciences Center New Mexico Faculty Institute for Training: Linda Askew, Project TA-KOS, Alta Mira Holly Harrison, Training Unit, UNM New Mexico State Planning Team
11:30 - 12:00	New Mexico Training Needs Assessment Survey: Steve Stile, New Mexico State Univ. New Mexico State Planning Team
12:00 - 12:45	Lunch
12:45 - 2:45	Prioritizing Training Needs - A Group Process Group Facilitator: Valerie Ford Training & Technical Assistance Unit University of New Mexico
2:45 - 3:15	NMFIT and the CSPD: Integrating Efforts Judy Paiz, Office of Child Development Children, Youth and Families Polly Turner, College of Education University of New Mexico Diane Turner, State Department of Education
3:00 - 3:30	Questions and Evaluation

BRUCE KING
GOVERNOR

State of
New Mexico
DEPARTMENT OF HEALTH

MICHAEL J. BURKHART
SECRETARY

LINDA M. KEHOE
DEPUTY SECRETARY

STEVE DOSSEY
DIVISION DIRECTOR

PERSONNEL DEVELOPMENT COMMITTEE
MEETING AGENDA
November 17, 1993
CARRIE TINGLEY THIRD FLOOR BOARDROOM

Personnel Development Qualifications

Review Draft Standards

Department of Health responsibilities regarding Personnel Development

Consortium Concept

Sixth Year Application

Next Meeting

DEVELOPMENTAL DISABILITIES DIVISION
1190 St. Francis Drive
Post Office Box 26110
Santa Fe, New Mexico 87502-6110
(505) 827-2574

BRUCE KING
GOVERNOR

State of
New Mexico
DEPARTMENT OF HEALTH

MICHAEL J. BURKHART
SECRETARY

LINDA M. KEHOE
DEPUTY SECRETARY

STEVE DOSSEY
DIVISION DIRECTOR

Family Infant Toddler Interagency Coordinating Council
Services Committee
December 15, 1993

9:00	Introductions	Linda Levin
9:15	Review of Today's Agenda	Linda
9:20	Overview of Committee Purpose and Its Role within The System	Linda
9:30	Mission of the Interagency Coordinating Council	Linda
9:40	Status of Early Childhood Services and the Link With the Federal Part H, Individuals With Disabilities Education Act	Cathy Stevenson
10:30	Break	
10:45	Getting to Know the Committee Members (Activity)	Linda Levin
11:00	Evaluating Services in New Mexico - An Orientation to Family Satisfaction	Ginny Volk
11:45	Adjourn	

DEVELOPMENTAL DISABILITIES DIVISION
1190 St. Francis Drive
Post Offic [illegible] 6110
Santa Fe, New Mexico 87502-6110
(505) 827-2574

NEW MEXICO EARLY CHILDHOOD DIVERSITY ACTION TEAM

JUNE 20, 1994

AGENDA

9:15 AM	Welcome and Coffee - Gerri Rodgriquez
9:30 AM	Mission Statement Revisited - Margarita Luera
10:20 AM	ECDAT Common Threads - Tony Husted
11:00 AM	Break
11:15 AM	Common Threads Document(s) Discussion - Tony Husted, Debra Billingsly
12:45 PM	Distribution of House Memorial Drafts for Discussion - Gerri Rodriquez
2:30 PM	Magic Years Disscussion - Trish Thomas

WORKING TOGETHER WITH YOUNG CHILDREN AND THEIR FAMILIES...."CELEBRATING DIVERSITY"

PLANNING COMMITTEE

Karen Anzola
Carla Arnold
Linda Askew
Gail Beam
Kathy Dickerson
Holly Harrison
Kristin Kinney
Pat Lilley
Deb McCue
Jill Miller
Suzanne Pope
Dottie Quintenz
Sandra Taft
Trish Thomas
Diane Turner
Bridget Via
Melanie Weber
Cindy White

PROGRAM COMMITTEE

Carla Arnold
Linda Askew
Holly Harrison
Dottie Quintenz
Trish Thomas
Diane Turner
Cindy White

SPONSORS

N.M. Division for Early Childhood/Council for Exceptional Children
New Mexico State Department of Education
Family Infant Toddler Program/Community Programs Bureau/
    Developmental Disabilities Division/Department of Health
NET New Mexico/Training and Technical Assistance Unit at the
    New Mexico University Affiliated Program/UNM Health Sciences Center
Developmental Care Unit/Division of Neonatology/UNMH
Project Ta-kos, Alta Mira Specialized Family Services, Inc.
New Mexico Developmental Disabilities Planning Council
All Indian Pueblo Council/Speech and Hearing Program
Parents Reaching Out
New Mexico Speech Language and Hearing Association

MAGIC
YEARS

ECDAT MEMORIAL DRAFT 6-7-94

Whereas, Public Law 102-119 (Individual's with Disabilities Act) directs states to "provide satisfactory assurance that policies and practices have been adopted to ensure meaningful involvement of traditionally undeserved groups, including minority . . . and to ensure that such families have access to culturally competent services within their local areas"; and,

Whereas, New Mexico's Memorial 5 Task Force on children and families and the Coalition for Children, 1990, recognized "families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams,"
and,

Whereas, the State of New Mexico requires individual seeking the New Mexico Early Childhood License to demonstrate competencies that respect the child's culture and community; and,

Whereas, Vistas Sin Limites: A Vision for the 21st Century (the 1991 task force report to the New Mexico State Department of Education) Problem 4, recognizes "New Mexico's educational systems are not responsive to the cultural diversity of New Mexico's children"; and,

Whereas, the New Mexico State Board of Education's Consolidating Initiatives for Tomorrow's Education (CITE) 1992, states as it's Goal Two "to provide opportunities which will enable all students to learn . . . by supporting appropriate educational opportunities and services for all students"; and,

Whereas, cultural competence training for students and staff is the learning of a process for understanding culture, the infusion of information on values, beliefs, and behaviors into the curriculum and the translation of that information into practice; - - - not just the identification of cultural issues or the taking of a class in New Mexico history; and,

Whereas, the need for culturally relevant training in early childhood education is not currently being met by existing models and paradigms.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF STATE OF NEW MEXICO that university curricula and inservice training for regular and special education teachers, providers, and ancillary staff include models and methodologies proven effective for implementing culturally relevant practices for all students in New Mexico birth through age eight; and,

BE IT FURTHER RESOLVED that all educators, service providers and ancillary staff working with children, birth through age eight, participate in training on valid and culturally relevant procedures for assessment, education and intervention; and,

BE IT FURTHER RESOLVED that a task force be appointed by the Governor to make recommendations for models and methodologies of university curricula and inservice training for regular and special education teachers, providers and ancillary staff which will be effective for all children receiving services in New Mexico, birth through age eight.

EARLY CHILDHOOD DIVERSITY IN ACTION TEAM

MISSION STATEMENT

THE EARLY CHILDHOOD DIVERSITY IN ACTION TEAM'S MISSION IS TO ESTABLISH FAMILY-CENTERED SERVICE DELIVERY SYSTEMS THAT RESPECT AND SUPPORT EVERY FAMILY'S UNIQUENESS THROUGH STATEWIDE COMMON COMMITMENT OF ALL SYSTEMS/AGENICES INVOLVED.

PHILOSOPHY STATEMENT

THE EARLY CHILDHOOD DIVERSITY IN ACTION TEAM BELIEVES ALL CHILDREN AND FAMILIES HAVE AN INHERENT RIGHT TO SERVICE DELIVERY SYSTEMS THAT HONOR, RESPECT AND SUPPORT FAMILIES' UNIQUE LIFE WAYS.

GOALS

AS PART OF SYSTEMS CHANGE THE EARLY CHILDHOOD DIVERSITY IN ACTION TEAM INVITES COMMUNITY MEMBERS, FACULTY MEMBERS, EDUCATIONAL/HEALTHCARE PROVIDERS AND POLICY MAKERS TO EXPLORE BELIEFS AND INSPIRE PASSION FOR INFUSING DIVERSITY INTO ALL ASPECTS OF LIFE BY:

- INFUSING CULTURALLY RELEVANT PRACTICES IN ALL SYSTEMS THAT SERVE CHILDREN AND FAMILIES
- UNIVERSITIES AND COLLEGES PREPARING GRADUATES TO BE RESPONSIVE TO AND SUPPORTIVE OF FAMILIES' UNIQUE LIFE WAYS

DRAFT 6/20/94

Project Ta-kos [illegible] sent and future attitudes and behaviors

Project Ta-kos
Advisory Committee Luncheon

Tuesday, September 14, 1993
11:45-1:30 pm

Project Ta-kós
P O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

AGENDA

11:45 pm	Lunch
12:00 - 12:10 pm	Welcome Presentation of Keys
12:10 - 1:20 pm	PATHFINDING: SEARCHING FOR IDEAS * Implementation * Targets * Marketing Small Group Brainstorm Large Group Discussion
1:20 - 1:30 pm	SUMMARY ADJOURNMENT

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PROJECT TA-KOS OUTREACH ADVISORY COMMITTEE MEETING

Alta Mira Conference Room
April 13, 1993
11:45 am - 1:30 pm

Project Ta-kós
P.O. Box 7040
Albuquerque,
New Mexico
87194-7040

505/842-9948
FAX 842-9986

11:45 am LUNCH

12:00 pm INTRODUCTION
WHAT ARE WE DOING?
- Project Update

12:20 pm WHERE DO WE WANT TO GO?
- What we offer... what is unique about us
- What are the current needs and trends
- What needs/trends we should meet, and how

1:25 pm SUMMARY
ADJOURNMENT

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A special project of Alta Mira Specialized Family Services

PROJECT TA-KOS OUTREACH

ADVISORY COMMITTEE MEMBERS

Gail Beam, Ph.D.
Senior Research Associate and Program Director of Training and Technical Assistance Unit at New Mexico
University Affiliated Program, UNM School of Medicine
Director, Project TIE (Teams in Early Intervention)
Director, Project IMPACT II
Project NEW-TeamS with NET New Mexico
Author and Principal Investigator for Project Ta-kos Model Demonstration proposal
Formerly Director of Albuquerque Special Preschool
Member - Project Adobe Advisory Board, Parents Reaching Out (PRO)

Victor Proo
Victor's son Carson attended Alta Mira from age 6 weeks to 2 years
Assisted with Project Ta-kos training materials
United Way poster family in 1989
PRO Parent Advocate, consultant for Downs Syndrome
Member - National Society for Downs Syndrome
Respiratory Therapist at UNM Hospital

Raechel Thompson
Director, Cuidando los Ninos
Past Executive Director Jelly Bean Junction
Chairperson, Child Abuse Prevention in Torrance County
Raechel has collaborated with Alta Mira on several activities (Project PASS, Early Intervention, etc.)

Linda Coleman
Coordinator of TechWorks for kids
Co-Director, Project Adobe, PRO - Providing training and technical assistance to parents and professionals
Family/Training Specialists with Project Ta-kos Model Demonstration
Linda's son, Dillon, attended Alta Mira

Mary Dudley, Ph.D.

Director, Parent/Infant Education Program, Parent Development Program at UNM,
Consultant with Lovelace Pediatrics for parent education,
Family Specialist with Project Ta-kos Model Demonstration

Olivia Rivera

District Coordinator for Early Childhood Education, APS, 8 years
Past classroom teacher kindergarten demonstration teacher, and bi-lingual kindergarten teacher at Manzanita Center
Presenter for classes at UNM and a resource teacher

Tom Schnell

Assistant Superintendent/Special Education Director of Moriarty Municipal Schools, nine years with Moriarty Schools
Tom has collaborated with Alta Mira on several activities (Project PASS, Early Intervention, etc.)

Javier Aceves, M.D.

Director of Pediatrics for Carrie Tingley Hospital
Director of Pediatric Chronic Disease for UNM School of Medicine

Grace Hutzel, R.N., M.S.N.

Child Health Nurse Educator, State of N.M. Department of Health, Public Health Division, Child Health Section -3 years
Public Health Nurse for 17 years in Albuquerque
Work with multiple-handicapped and emotionally disturbed children on Programs for Children grant

Magi Gerety

Coordinator of Early Intervention Services for New Vistas in Santa Fe - 3 years
Provided home-based Special Education services with New Vistas for 2 years
Magi and her staff participated in Project Ta-kos Model Demonstration activities

Carol Westby, Ph.D.

Language Specialist for training and Technical Assistance Unit at New Mexico University Affiliated Program, UNM School of Medicine

Coordinator, Project NEW-TeamS

Staff Member - Project TIE

Faculty Member - UNM Department of Communicative Disorders

Director Multicultural Grant, UNM

Director Project Hitos

Author - Westby Play Scale

Member of the Project Ta-kos Model Demonstration Advisory Committee

Clark Hansbarger, M.D.

Deputy Chairman of Department of Pediatrics, UNM School of Medicine

Director of General Pediatrics

Associate Professor of Pediatrics

Program Director of Pediatric Residency Training Program

Co-Founder of Parent Advisory Board, Department of Pediatrics, addressing needs of families for Children's Hospital

Polly Arango

Parent of school age child with Cerebral Palsy

Board member: El Pueblo Health Services; State IDEA Panel; Bernalillo School District IDEA Panel; Developmental Disabilities Planning Council; Citizens Review Board State Advisory Council; Chair, House Memorial on Children and Families; Magic Years Committee

Member of local, state and national task forces and legislative committees on children and families

Faculty, National AOTA Early intervention Project

National Resource Parent/MCH Project

Writer, consultant

Molly Grady

M.A. in Early Childhood Education

Child Care Coordinator, Coalition for Children, Youth and Families

Founder of Serendipity Day School

Holly Harrison, Ph.D.

Early Childhood coordinator for N.E.T. New Mexico

UNM part-time faculty, Family Studies Dept.

D.E.C. President for New Mexico

I.C.C. Personnel Development Committee

Susan Dianne Turner

Early Childhood Special Education Consultant for New Mexico State Department of Education

M.A. in Special Education

Coordinator of the ETCAT (Early Childhood Technical Assistant Documents)

Worked in first model preschool program for West Virginia Public Schools

PROJECT TA-KÓS ADVISORY COMMITTEE

ROLES AND RESPONSIBILITIES

Project Ta-kós Advisory Committee members serve a key function for this three-year training project. Committee members become the eyes, ears, and mouth of Project Ta-kós as they live and work. Advisors keep us on the cutting edge of knowledge and practice and well-connected to those persons and agencies which may help us to fulfill our mission. The Project receives these important benefits, while minimizing individual time commitments.

Each Advisory Committee member is asked to:

- Attend two Advisory Committee meetings per year
- Attend a minimum of two subcommittee or product development meetings per year
- Remain available for telephone or other consultations on an as-needed basis.

Often, member interactions with the Project staff will be one-on-one and informal, working with staff as specific projects require.

Project Ta-kós staff asks that Advisory Committee members work with us in three ways:

Information and Referral - Networking with local and state agencies to develop training sites, identify partners, and facilitate collaborative relationships among local service providers. This might include providing an entre or apprising us of issues that might affect present or future project implementation.

Product Development - Conceptualizing, critiquing and providing feedback on products being developed and revised to improve Project Ta-kós training and implementation. These may include evaluation tools, new components or curriculum, and public relations materials such as videotapes and brochures.

Public Relations - Sharing information about the philosophy and inservice training of Project Ta-kós as opportunities arise. This might include recommending that staff serve on committees, make presentations, or be consulted as resources, as well as simply describing Project Ta-kós and our successes.

Project Ta-kós sees the Advisory Committee members as partners in this project. Beyond these expectations, we invite you to become as actively involved as your time commitments and resources allow.

CHILD DEVELOPMENT VIDEO OUTLINE

Scenario 1: Typical Preschool Classroom

Teacher and children are participating in an activity that requires them to "sit" together in order to do task (reading a story, finger plays, puppet show, "circle time", etc.).
5 - 7 minutes

Scenario 2: Infant Head Control

Infant on stomach is beginning to raise head, maybe starting to prop on arms.
2 - 3 minutes

Scenario 3: Infant Feeding

Infant cradled in mother's arms is sucking on a bottle and gazing at bottle or mother, or looking around.
2 - 3 minutes

Scenario 4: Motor Planning

Toddler/preschooler is seen moving through a motor planning sequence and figuring out how to place his/her body (climbing on jungle gym, moving through obstacle course, moving around/over barrier, etc.)
2 - 3 minutes

Scenario 5: Infant/Parent Dialogue

Mother or Father is engaging in dialogue with infant during mealtime, bathtime or playtime.
2 minutes

Scenario 6: Two-Year Old Child/Parent Dialogue

Mother or Father is engaging in dialogue with two-year old during mealtime, bathtime or playtime.
2 minutes

Scenario 7: Three-Year Old Child/Parent Dialogue

Mother or Father is engaging in dialogue with three-year old during mealtime, bathtime, playtime or when doing a chore together.
3 minutes

Scenario 8: Four-Year Old Child/Parent Dialogue

Mother or Father is engaging in dialogue with four-year old outdoors while playing, working in the yard, visiting the zoo, or during a trip to the store.
4 minutes

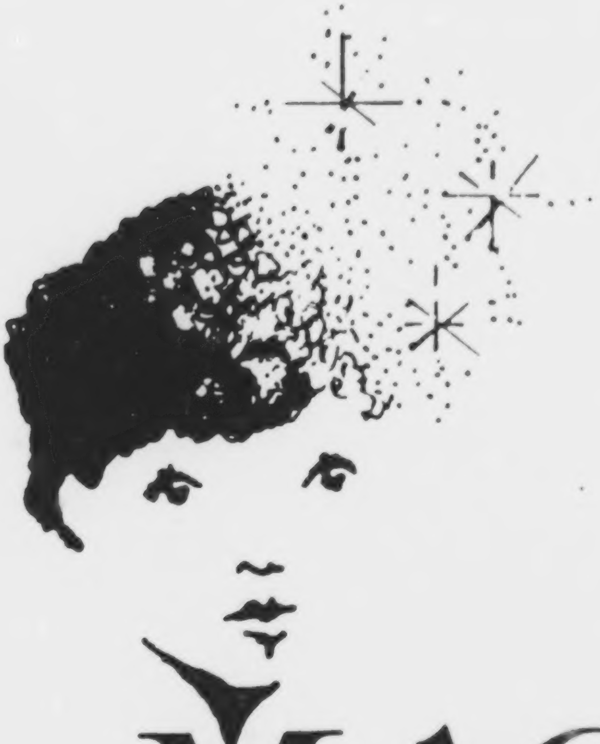
Scenario 9: Dialogue Among Group of Five-Year Olds

Three to five five-year olds are engaging in free play and talking with each other.
3 minutes

SLIDES

4 - 5 slides each for womb, mother, kid power environments
2 slides for brain power environment
2 slides each of mother interaction with womb, mother and brain power environments
2 slides each of kid power relationships in kid power and brain power environments

WORKING TOGETHER WITH
YOUNG CHILDREN AND THEIR FAMILIES
...CELEBRATING DIVERSITY



MAGIC YEARS

SEVENTH ANNUAL CONFERENCE

September 1 - 2, 1994

WORKING TOGETHER WITH YOUNG CHILDREN AND THEIR FAMILIES...."CELEBRATING DIVERSITY"

PLANNING COMMITTEE

Karen Anzola
Carla Arnold
Linda Askew
Gail Beam
Kathy Dickerson
Holly Harrison
Kristin Kinney
Pat Lilley
Deb McCue
Jill Miller
Suzanne Pope
Dottie Quintenz
Sandra Taft
Trish Thomas
Diane Turner
Bridget Via
Melanie Weber
Cindy White

PROGRAM COMMITTEE

Carla Arnold
Linda Askew
Holly Harrison
Dottie Quintenz
Trish Thomas
Diane Turner
Cindy White

SPONSORS

N.M. Division for Early Childhood/Council for Exceptional Children
New Mexico State Department of Education
Family Infant Toddler Program/Community Programs Bureau/
Developmental Disabilities Division/Department of Health
NET New Mexico/Training and Technical Assistance Unit at the
New Mexico University Affiliated Program/UNM Health Sciences Center
Developmental Care Unit/Division of Neonatology/UNMH
Project Ta-kos, Alta Mira Specialized Family Services, Inc.
New Mexico Developmental Disabilities Planning Council
All Indian Pueblo Council/Speech and Hearing Program
Parents Reaching Out
New Mexico Speech Language and Hearing Association

MAGIC
YEARS

SUMMARY OF CONFERENCE PRESENTATIONS
PROJECT TA-KOS

CONFERENCE PRESENTATIONS			
Conference	Presentation	Date	No. of Parti-cipants
Parents Reaching Out Annual Conference, Albq., NM	Changing Roles for Fathers of Children With Special Needs	Feb 92	75
Magic Years V, Albq., NM	Infusing Family-Centered Concepts Into Agency Administration	Sept 92	25
	Promoting Inclusion Through Beliefs and Values		30
	Involving Fathers of Children With Special Needs		70
New Mexico Public Health District Managers, Albq.	Understanding Family Uniqueness Through Cultural Diversity	Sept 92	75
New Mexico Public Health District 4, Ruidoso, NM	Understanding Family Uniqueness Through Cultural Diversity	Oct 92	100
CEC:DDEL, Minn., MN	Promoting Inclusion Through Beliefs and Values	Nov 92	50
NAEYC, New Orleans	Delivering Sensitive Information	Nov 92	90

Conference	Presentation	Date	No. of Participants
DEC, Washington, D.C.	Infusing Family-Centered Concepts Into Agency Administration	Dec 92	40
	Promoting Inclusion Through Beliefs and Values		175
Brothers and Sisters Conference, Santa Fe, NM	Promoting Inclusion: A New Mexican Perspective	Mar 93	48
ACCH, Chicago, IL	Infusing Family Centered Concepts Into Agency Administration	May 93	80
NEC*TAS, Albq., NM	Understanding Family Uniqueness Through Cultural Diversity	Jun 93	12
Magic Years VI, Albq., NM	Beliefs and Values: Don't Let Them Get in Your Way	Sep 93	80
New Mexico Institute for Faculty Training Planning Meeting	Family-Centered Approach to Early Childhood Special Education	Mar 94	11
Albq. Public Schools District Diagnostic Center, Albq., NM	Understanding Family Uniqueness Through Cultural Diversity	Apr 94	51
Parents Reaching Out Annual Conference, Albq., NM	Understanding Family Uniqueness Through Cultural Diversity	Apr 94	7
	Identifying My Child's Strengths: For Fathers		43
8th Annual Multicultural Conference on Children and Families	Understanding Family Uniqueness Through Cultural Diversity	May 94	75

Conference	Presentation	Date	No. of Participants
Maternal and Child Health Care, New Mexico State Conference	Understanding Family Uniqueness Through Cultural Diversity	Jun 94	30
New Mexico Institute for Faculty Training	Family-Centered Approach to Early Childhood Special Education	Sep 94	18
Magic Years VII Pre-conference, Albq., NM	Understanding Family Uniqueness Through Cultural Diversity	Sep 94	29

SUMMARY OF COMMUNITY SUPPORT

GROUP	ACTIVITY
New Mexico Parent-to-Parent	Training
Central Region Education Co-op	Consultation
Cibola County Regional Advisory Council	Consultation/Presentation
Manzano Sunrise Kiwanis	Presentation
Albuquerque Association for Retarded Citizens	Presentation
New Mexico Faculty Institute for Training	Consultation/Member
Articulation Taskforce	Member
University of New Mexico Committee for Early Childhood Curriculum and Competencies	Consultation
Alta Mira Management Team	Member
Magic Years Networking Luncheons	Awareness
Early Childhood Technical Assistance	Awareness
Alta Mira Fathers Support Group	Facilitation
New Vistas (Santa Fe) Fathers Support Group	Organization/Presentation
New Vistas, Babies in the Hospital	Consultation
Project Jericho, Albuquerque	Training/Consultation

flnrpt/comm.spt

PROJECT TA-KÓS

EVALUATION MATRIX

Individual

Program

Community

Phases:	**WHAT** **I (Knowledge)**	**HOW** **II (Skills)**	**INTERNALIZATION** **III (Mastery)**
Individual	What do individuals know about the content? - - - - - - - - - - - - - - - - Pre/post comptency Attitude Surveys Anecdotal notes Self-report Documents: IFSP's/IEP's/Care Plans	How do individuals implement/apply the knowledge? - - - - - - - - - - - - - - - - Behavioral criteria Anecdotal notes Self-report Log Documents: IFSP's/IEP's/Care Plans Progress notes/contact log/periodic review	How do individuals lead by example? - - - - - - - - - - - - - - - - Behavioral criteria Ratings by others Consumer satisfaction Anecdotal notes Self-report Log Documents: IFSP's/IEP's/Care Plans Progress notes/contact log/periodic review
Program	What does the program know about how their policies and practices support the content? - - - - - - - - - - - - - - - - On-going group report (goal attainment scaling, and/or log) Anecdotal notes Documents: Mission/philosophy/policies	How do we make our policies/procedures/practices complimentary to the content? - - - - - - - - - - - - - - - - On-going group report (goal attainment scaling, and/or log) Anecdotal notes (practices) Documents: Policies/procedures Program plans Consumer satisfaction Practices	How do programs demonstrate the concepts? - - - - - - - - - - - - - - - - On-going group report (goal attainment scaling, and/or log) Anecdotal notes (practices) Documents: Policies/procedures/charter for board makeup Interagency/intragency agreements Consumer satisfaction Practices

Phase:	WHAT I (Knowledge)	HOW II (Skills)	INTERNALIZATION III (Mastery)
Community	How do interactions support the content?	How are policies/ procedures/practices made to be compatible?	How do communities exemplify the values of the content?
	Group reports across agencies Documents: Mission/policies/ procedures Interagency agreements Agencies Interaction Map	Group reports across agencies Documents: Mission/policies/ procedures Interagency agreements Agencies Interaction Map Consumer satisfaction	Group reports across agencies Documents: Mission/policies/ procedures Interagency agreements Agencies Interaction Map Consumer satisfaction

ALTA MIRA SPECIALIZED FAMILY SERVICES, INC.

ANNUAL REPORT TO THE COMMUNITY

JULY 1, 1993 - JUNE 30, 1994

MISSION STATEMENT

The purpose of Alta Mira is to enhance and improve the quality of life of individuals with, or at risk for, developmental disabilities through increased services in the community.

ALTA MIRA SPECIALIZED FAMILY SERVICES, INC.

Early Intervention Program

A year of changes...

* The 1993-1994 year brought a variety of **changes** for the Early Intervention Program: a change in the **co-director position** when Liz Kobel left on maternity leave and Karen Burrow joined Betsy Diaz to co-lead the program.

* A full year as an 'entitlement' program lead to the understanding that a **change** was needed to offer **more service options** to families. Options from which each family could design services to meet the individual family's needs and style of living. 217 families chose services from Alta Mira. [See service description for details of the options]

* A **change** to more intensive funding of services under **Medicaid** which resulted in working with a multiplicity of funding and entitlement systems.

* A positive **change** for families is the better integrated **joint Intake system** for early intervention and respite services for families choosing both services.

* A **change** so that Project Jericho (see description) is an integral Early Intervention service component and an option for families seeking help in day care placement.

Family Resource Center

The special grant from the Children, Youth and Families Department enabled the dream of a Family Resource Center to become a reality. This '93-'94 year provided the opportunity to explore how such a center can best meet what families are indicating would be supportive.

Some of the activities of the Center included:

- Weekly newsletter
- Referrals to services within the community and within the state;
- Assistance of staff who are parents on the systems and ways in which to receive the services needed;
- Social events/gatherings;
- Workshops such as one on music therapy/occupational therapy and one on estate planning;

Funding from Children, Youth and Families Department ended June 30, 1994, but the future of the Family Resource Center is assured. Special donations to the Patricia (Pat) L. McMahon Memorial Fund are designated to the continuing support of the Center. The Center expresses Alta Mira's commitment to families that Pat exemplified. Not being restricted to only Early Intervention families the Center will now be open for some new and innovative ideas from families of ALL Alta Mira services. (See description).

Project Ta-kós Program

The great news of 1994 was that this federally funded program will not be discontinued but has received a new three year grant! See description for details, including the revised Mission Statement for 1994-1997.

ALTA MIRA SPECIALIZED FAMILY SERVICES, INC.
Serving Bernalillo and Torrence Counties

800 Rio Grande Blvd, NW
Suites 19-21
Albuquerque, NM 87104
Mailing Address: P.O. Box 7040
Albuquerque, NM 87194-7040

For Further Information:
Phone: (505) 842-9948
FAX: (505) 842-9986

BEST COPY AVAILABLE

EARLY INTERVENTION
PROJECT JERICHO

(...and the walls came tumbling down.)

Project Jericho . . .
- committed to breaking through the barriers that obstruct opportunities for children with special needs entering preschool/child care environments;
- designed to facilitate the successful placement of children from birth to five in the preschool/child care setting of their family's choice.

Project Jericho . . .
- promotes inclusion;
- works with families, preschool/child care agencies and others involved in the provision of services to children with special needs;
- strengthens the community's understanding of children's individual needs;
- provides on-going support and training to child care providers . . .

in order to ensure that each child has equal opportunity to play, learn and grow.

Deb Wilson and Sam Howarth are Co-coordinators of Project Jericho. Working with a team of talented professionals they are able to offer a variety of services including:

- * Trainings and Inservices
- * Technical Assistance
- * Therapeutic Consultations
- * Support and Advocacy
- * Americans with Disabilities Act (ADA) Information

These services are customized for each child and each preschool/child care setting.

If you are, or know, a family that would benefit from Project Jericho's assistance, please contact Deb Wilson or Sam Howarth at 842-9948.

> *"Inclusion is a state in which all persons are celebrated for their diversity in a responsive partnership that is a catalyst for an open, dynamic community."* -
> Project Jericho

THE FAMILY RESOURCE CENTER

The Alta Mira Family Resource Center is open to **ALL families** receiving services - respite or personal care services; early intervention, therapy or counseling services!

The Center was created so that parents could access resource, support and information, and to provide opportunities for families to meet and 'network'. **It is a special place - reserved for families!**

The Family Resource Center provides:

Opportunities for families to meet and develop their own programs with support from staff as desired.

Resources such as books, videotapes, printed materials and computer data. Many materials are available in both Spanish and English. All materials may be checked out or viewed in the Center.

Children's Toys and Books for fun and stimulation as well as ideas for home use.

Computer for the use of families putting together a medical or social history of child or adult. Assistance in learning how to use the computer for networking with support groups throughout the country is available with staff assistance as needed.

A Phone and an Answering Machine for families who do not have access to one to make appointments and have messages left on machine which will be relayed to families as needed. Special phone number is: **242-8707**.

Copier for use of families to keep copies of medical or educational materials, or special data about caring for a child or adult.

Newsletter section of the Alta Mira Newsletter on a monthly basis will share special news events, meetings, ideas, a classified section to note items for sale, exchange or needed.

Special events will be organized by parents for special workshops, in-services, social events, potlucks, field trips as well as informal gatherings.

PROJECT TA-KÓS

What is Project Ta-kós Outreach?

- A special project of Alta Mira
- A project funded by Early Education Program for children with Disabilities, Office of Special Education and Rehabilitation Programs
- A Family-Centered curriculum
- An inservice training and consultation model

What is the Mission of Project Ta-kós Outreach?

To bring families and professionals together to increase awareness, understanding and respect for each other's needs; to provide structures for open communication, exchange of information and utilization of each other's expertise. Project Ta-kós seeks to foster a common bond between children, families and providers, thus enhancing the quality of life for all.

What is the Curriculum?

Project Ta-kós Outreach *Family-Centered Curriculum* is comprised of six training modules. They are:

- A Family-Centered Approach In Early Childhood Special Education;
- Understanding Family Uniqueness Through Cultural Diversity
- Another Way to View Child Development: An Interactive Approach
- Transition To Public Schools for Families of Young Children with Special Needs;
- Family Networking: Linking Families, Friends, and Professionals; and
- Infusing Family-Centered Concepts Into Agency Administration

What is the Training Approach?

A Three-Phase Framework:

PHASES:

I. Knowledge
II. Skill
III. Application

A Competency-Based Approach:

- includes theory, demonstration, practice and feedback
- is individualized by site
- is responsive to participants' needs
- is interactive and experiential
- includes consultation
- promotes collaboration by parents, professionals and project staff
- builds on accumulated knowledge and experience

Who Can Participate?

Families with children who have special needs, Education and Health Care staff, and Administrators serving these families.

For More Information:

Contact:
Project Director at Alta Mira
(505) 842-9948, FAX (505) 842-9986
Or Write:
Project Ta-kós Outreach
Alta Mira Specialized Family Services, Inc.
P.O. Box 7040
Albuquerque, NM 87194-7040

EARLY INTERVENTION COUNSELING SERVICES

Any family with a child in the Early Intervention Program can request individual, adult, child, couple or family counseling sessions by calling 842-9948 and asking to speak to a family counselor. This can be for short term "crisis" situations or when longer term support is needed. More specific information can be obtained from the counselor. Sessions offered are 1 hour in length and scheduled to meet individual needs. Contact with the counselor is strictly confidential. Information about the rights of a counseling client can be obtained during the first session. Referral to outside sources will be made, if appropriate.

Parent Groups: There are several groups which any interested parents can attend. The groups provide a supportive and confidential environment in which parents can meet and discuss common concerns. Sometimes speakers are invited to help provide information on special topics. Group dates and times are listed in the agency newsletter.

Grandparents Group: This group is organized like the parent groups, however, designed to give support and information to grandparents of children in the Early Intervention program.

Group for Brothers and Sisters: The purpose of having groups for brothers and sisters is to help them better understand their brother or sister with special needs. Discussion includes what it means to have special needs, why parents spend more time and have more worries when there is a child with special needs, and how brothers and sisters can help feel more a part of their brother's or sister's day-to-day routine. Group activities are designed to help children explore their feelings and needs, to talk about their own lives, and have fun.

Father's Group: This is an ongoing group for fathers of children of all ages with special needs who live in the Albuquerque area. Fathers meet in a supportive and confidential environment to share common concerns. A father of a child with special needs and a family counselor co-facilitate this group. Presentations vary with the participation of guest speakers, videos and/or informal sharing. Childcare is provided for the group.

But Do I Really Need To Talk With Someone? This is a question asked by all of us. Sometimes your spouse, a close friend, a relative, or co-worker is the best one to listen, or to come up with helpful comments or creative solutions. At other times an objective, trained person may be very helpful - especially when the information shared is kept strictly confidential. You can try it by:

> Calling 842-9948 and asking to speak to a family counselor to arrange counseling or for information about any adult or child support groups.

EARLY INTERVENTION
DEVELOPMENTAL & THERAPY SERVICES

The Early Intervention Program offers a variety of services to families of children from birth through two years, who are at risk for or have developmental delays.

The goal of early intervention services, is to help parents help their children reach their potential and participate in family, school and community activities.

Families may choose to:

- have a therapist or early childhood educator work with their child at Alta Mira;
- be visited in their home by an early childhood educator or therapist;
- have their child visited in a community setting, with monthly direct contacts between parents and early childhood educator;
- have their child attend Alta Mira special classes where s/he will receive input from several professionals (e.g. educator, speech therapist, motor therapist) as well as socialize with other children; or
- attend a weekly play group with other children and parents;
- request information about a child's special needs and available services, and ask that a staff member check in with them every month or so to see how things are going.

Early Intervention Services:

- are provided by a team consisting of the family, an early childhood educator, paraprofessional, speech therapist, physical therapist, occupational therapist, and family counselor;

- follow an Individual Family Service Plan (IFSP) that has been developed by the family and intervention team; the IFSP describes outcomes that the family wants to enhance their child's development as well as strategies to help achieve those outcomes;

- are either in family's home, at Alta Mira, and/or in other environments where children naturally learn and grow;

- coordinate with other service providers, such as doctors, child care providers, visiting nurses, and private therapists;

- help parents find and use other community services and resources including specialized service providers, and financial supports available to families of children with special needs.

For More Information or Services call:
Alta Mira: 842-9948 or
Service Coordinators: 242-8720

RESPITE

Relief and **R**elaxation for entire family
Expert care by trained Providers
Supportive network in times of celebration and crisis
Professional staff honoring differing styles and varieties of needs
Individually designed services to meet each family's special needs
Trustworthy so it can be depended upon
Evolves as needed with no demands to use respite services until ready!

* * * * * *

RESPITE is a **family-centered** service which respects the insights and experience of family members. It is the **family** who chooses **when** and **how** to use respite services.

The **RESPITE PROGRAM** includes the following services for those who have or are at risk of a developmental disability or delay:

* **Provider Model of Respite Services**
* **Center-Based Model of Respite Services**
* **Personal Care Instruction Services**
* **Behavior Management Implementation**

Personal Care Services . . . provide trained instructors to implement a Goals and Objectives Plan designed specific to the participant and family with staff to teach skills for greater participation in the community. The Goals and Objectives Plan is for teaching; coaching, reinforcing and nurturing the participant's skills toward more independent living.

MODELS OF RESPITE:

Provider Model of Respite Services . . . offers a choice for families, new environment and neighborhoods for participants, one-on-one care as well as interaction with another family and its members.

- for children and young adolescents;
- offers **trained** providers;
- located in either home of family or home of Provider;
- allocates a specific number of hours per calendar year for families to use as they wish

Center-Based Model of Respite Services . . . The Respite Home . . . is a place for growing in understanding of appropriate social interaction with peers, a transition from home to the larger community, and a refuge in times of family trauma and crisis.

- for older adolescents and adults;
- supervised by trained staff;
- located at: **9812 Woodland, NE**
  Albuquerque, NM 87112
  (505) 294-7994
- on a first call, first served basis;
- limited to six overnight participants;
- provides 24 hour supervision on weekends;
- weekdays, opens at 2 pm until 9 am the next morning - participants must be in a day program (work, school, etc.) during these weekdays.

For more information, please call 842-9948.

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ADMISSIONS/ELIGIBILITY CRITERIA FOR ALTA MIRA PROGRAMS

Alta Mira serves families who have children/adults who meet at least one of the definitions for:

(1) Developmental Disability;
(2) Developmental Delay;
(3) Established Condition; or
(4) At-Risk for Developmental Delay

Developmental Disability means. . .a severe chronic disability, other than a primary diagnosis of mental illness, of a person which is attributable to a mental or physical impairment or combination of mental and physical impairments.

Developmental Delay means... a documented difference of 25% or more between a child's chronological age and developmental age in at least one area of development. An example of a child with a developmental delay would be a two year old who, when evaluated, is moving, talking or playing more like an 18 month old child.

Established Condition means... a diagnosed physical, mental, or neurological condition which has a high probability of resulting in developmental delay. The delay may or may not be exhibited at the time of diagnosis. Examples of established conditions include, but are not limited to, Down Syndrome, cerebral palsy, vision and hearing impairments, fetal alcohol syndrome, or very low birth weight.

At-Risk For Developmental Delay means... the presence of early medical conditions which are known to produce developmental delays in some children, or; the presence of physical, social and/or economic factors in the environment which pose a substantial threat to development, resulting in a documented delay in two or more developmental areas. A child may be served under this eligibility criteria through age 3 when a developmental disability diagnosis must be made to continue respite services.

How To Receive Services

Call the Administrative Offices at 842-9948 and ask for the Program you want.

Fees

All families, regardless of ability to pay are eligible for Alta Mira services. Fees are based on a family income sliding fee scale. Not all services have fees.

Telephone: 301-258-5500 Fax: 301-

1993-1994 Report to the Community . . .

Respite Program

A year of increases...

- Both Respite and Personal Care **services increased** under special Expansion and Medicaid Waiver funding from the Department of Health, Developmental Disabilities Division.
- Respite Program Staff **time** was **increased** to meet the growing number of individuals/ families eligible for Medicaid Waiver funded services.
- The number of **Respite Providers** and **Personal Care Instructors** to be recruited and trained had to increase to meet the **increased** number of individuals/families. Over fifty new individuals were trained. This increase was possible because of the newly established Human Resource Manager's position and office which had taken over the processing of all personnel for the agency.
- A total number of **442 participants** were served by both Respite and Personal Care services.
- Respite Services were able to **increase** the **number of respite hours** available to families funded by Department of Health, State General Funds from 240 hours per year back to 336 hours per year.

The Respite Program staff most ably and supportively weathered the **staff changes** - from Barbara Chase being both Respite Program Director and Acting Executive Director of the agency from October '93 to mid-April '94, when Mona Marin became Respite Program Director, Betty Hoffman took most of Mona's responsibilities and Linda Klauschie was hired to take Betty's position! By June 1, 1994 the Respite Program Staff was all in place!

Specialized Respite Program

This pilot program, funded by the Children, Youth and Families Department ended June 30, 1994. The discontinuance of this service by Alta Mira has been done with mixed feelings: **sadness** to disappoint the families we had been serving and those waiting to be served; **hope** that some other agency in the Albuquerque area in the mental health field will step forward to provide this service.

Families receiving these specialized respite services expressed appreciation and thankfulness. Specialized Providers had built bonds with both the individuals served and their families. Program staff felt to truly meet the needs that services should be within the context of mental health support system. Alta Mira staff found this pilot program a tremendous challenge; a time of learning and growing in understanding of the needs of families with children and youth with severe emotional and/or neurobiological disorders.

A family-centered home-based support program is a viable service to families but must have full time staffing and the affirmation of mental health professionals to make it a success.

1993 - 1994 Report to the Community...

The Board of Directors of Alta Mira focused on assuring the stability and quality of services during this year of many changes. An extensive and thorough search for an Executive Director was a major priority and concluded in mid-March 1994 with the choice of Barbara Chase as the new Executive Director.

During the year the Board approved the renovation of the office site for more space for the increase in staff members; a computer network system was authorized from Alta Mira's Bingorama donations and a major review of policies and procedures was completed in preparation for a September '94 C.A.R.F. accreditation review!

Board Members for 1994

Officers:	President:	Mona Corcoran-Sherrell
	Vice-President:	Ann Strenger
	Secretary:	Gene McAuley
	Treasurer:	Richard Jenne
	Past President:	Joni Lloyd

Members:

Vicki Assad
Unis Kinoshita
Jerry Gallegos
Helen Hillegass
Dorothy Chavez
Leslie Otero-Dozzo
Mary Ma
Kevin Caffrey
Al Stotts

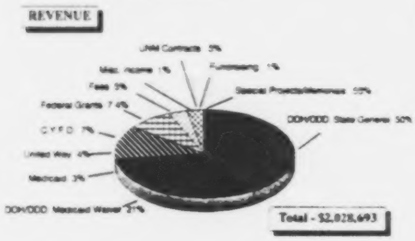
The Alta Mira Staff became a family during this year - sharing both the good times and the sad times. A reaffirmation of the richness of "family" sustained all and the meaning of being a **family-centered** agency deepened. The addition, in August 1993, of the new Human Resource Manager, Carmen Sandefur, truly benefitted the entire agency. This brought coordination and consistency to the implementation of personnel policies and procedures. A very special word of appreciation needs to be extended to the **Management Team** for providing very creative leadership: Cecilia Gurule, Carmen Sandefur, Betsy Diaz, Elizabeth Kobal (until January '94), Karen Burrow (beginning January '94), Mona Marin, Betty Yoches (until January '94), Linda Askew, and Deborah McCue.

Sincerely,

Barbara Chase

Barbara Chase, Executive Director

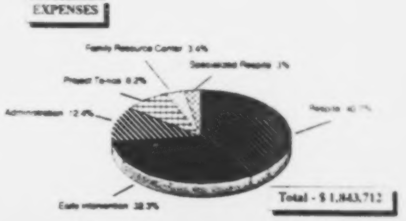
STATISTICS



BINGO

Income: $ 490,935

Expenses $ 468,582



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Alta Mira Specialized Family Services, Inc.
P.O. Box 7040
Albuquerque, New Mexico 87194-7040

United Way
of Central New Mexico

Project Ta-kós Outreach
Alta Mira Specialized Family Services, Inc.
P.O. Box 7040
Albuquerque, New Mexico 87194-7040
Telephone: (505)842-9948
FAX: (505) 842-9986

Project Ta-kós \ tä kos \ *n.* [from a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations] **1.** a family-centered curriculum for persons living or working with young children who are developmentally disabled **2.** an in-service training model utilizing the curriculum, designed to impact present and future attitudes and actions.

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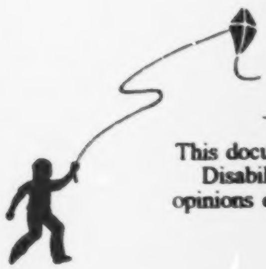

Project Ta-kós is a special project of Alta Mira Specialized Family Services, a private, non-profit agency providing direct services for individuals with developmental disabilities of all ages, in partnership with their families.

This document was produced under C
Disabilities, Office of Special Edu
opinions expressed herein do not nece
and no official

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e Services, U.S. Department of Education. The
tion or policy of the U.S. Department of Education,
epartment should be inferred.

PROJECT TA-KÓS OUTREACH

A Family-Centered Curriculum
An Inservice and Consultation Model

INSERVICE TRAINING OPPORTUNITIES
for:

- Parents
- Educators
- Therapists
- Administrators
- Health Care Professionals

OUR MISSION

To increase the probability that children and their families will receive services that are responsive to and supportive of the preferences and routines/lifeways of the family.

FAMILY-CENTERED CURRICULUM COMPONENTS

Component	*Content*
Family-Centered Approach in Early Childhood Special Education	Build upon your professional expertise to form effective and satisfying partnerships with families. Watch a parent and professional write a child's plan which reflects the family's preferences and respects family style, resources and strengths. Practice communication techniques that encourage family/professional partnerships.
Understanding Family Uniqueness Through Cultural Diversity	Discover how you view yourself and your culture. Learn of subtle differences in beliefs and values that alert parents and professionals of potential misunderstanding. Develop meaningful intervention plans using the family's beliefs and life-ways: tradition, language, child-rearing, and health care practices.
Another Way to View Child Development: An Interactive Approach	Develop an understanding of the interrelationship between the child's sensorimotor and communication systems, and the role temperament has in shaping them. Explore the critical role the adult plays in supporting the child's development and learn strategies that enable the child to thrive.
Transition to Public Schools for Families with Young Children with Special Needs	Work with parents, professionals, administrators and agencies to create a Transition Plan from early intervention programs to public school preschool for your own community.
Family-Networking: Linking Family, Friends and Professionals	Families and professionals explore together what implementing a family-centered philosophy means while building friendships, mutual respect and support.
Infusing Family-Centered Principles Into Agency Administration	Explore the impact of family-centered principles on the values, policies, and standard operating procedures of your agency. Identify evidence of your agency's commitment to providing family-centered services in the management and administration of your program.

THREE-PHASE FRAMEWORK

PHASES:

I. Knowledge
II. Skills
III. Mastery

Competency-Based Approach:

- * includes theory, demonstration, practice & feedback
- * is individualized and responsive to participants' needs
- * is interactive and experiential
- * includes follow-up and consultation

Project Ta-kos \ta kos *n.* |from a Coast Salish Indian term which suggests that any decision or course of action will affect seven generations| 1. a family-centered curriculum for persons living or working with young children who are developmentally disabled. 2. an inservice training model utilizing the curriculum, designed to impact present and future attitudes and actions.

Talking Leaves

Spring, 1992

PROJECT TA-KOS OUTREACH IS
by Patricia Parham

The U.S. Department of Education funded Project Ta-kos, a three year outreach training grant. A special project of Alta Mira Specialized Family Services, Ta-kos conducts training using a family-centered curriculum. We are one, of 46, programs throughout the nation supporting the implementation of the Individuals with Disabilities Education Act (IDEA), parts H and B.

This Project Ta-kos Outreach curriculum focuses on areas which professionals and parents deem crucial to implementing a family-centered philosophy. In a family-centered approach, we take into account the family's needs as well as the child's as we design activities and interventions to support the child's growth and development. Presented most often as four half-day sessions, the modules are listed on page 2. As we implement these modules, we realize that administrative support is critical to the implementation of a family-centered philosophy. Therefore, Project Ta-kos Outreach is designing materials to address this issue. By the end of our first year, September 30, 1992, all of these modules will be available.

The competency-based curriculum was designed under a three year demonstration grant from the Federal government. From 1987-90, staff researched, developed, and field-tested five modules to help with the implementation of P.L. 94-457, the original "family-centered" legislation. Training staff and parents in early intervention, public school, and health care programs and conducting a rigorous evaluation provided information to shape the modules.
Ta-kos, an Indian term, suggests that any decision or course of action affects seven generations. We offer training in three phases, knowledge acquisition, skill building and skill retention/mastery. And, the development of phases two and three is responsive to the needs of individuals, projects and communities in training. Throughout, we encourage interagency collaboration. In these ways, we attempt to affect communities and their subsystems, the service delivery network for families.

We are currently working in three counties, Bernalillo, Cibola, and Torrance. By the end of Year 3, we anticipate training more than 170 professionals and families. Through these activities, we hope to benefit 2500 children.

If you are interested in training in any of these modules, please call Project Ta-kos at 345-6889. We will explore options with you.

Featured Site

CARRIE TINGLEY HOSPITAL
by Betty Yoches

"Being family-centered just makes good sense!" With that philosophy in mind, Dr. Aceves asked the Project Ta-kos Outreach staff to help Carrie Tingley Hospital (CTH) realize that goal. Since January, the administrative and direct service staff have been taking part in a series of workshops based on the "Family-Centered Approach" component. Because they care very much about the the children and families who use their hospital and clinics, the participants want to become more responsive to the needs of the patients and their families. As one participant stated, "if I can better understand different ways (of the families). . .(I can) be more supportive to families."

The workshops are designed to help CTH staff learn about the family-centered approach to delivery of services, and to be creative in finding ways to match the

(continued on page 3)

Project Ta-kos Outreach, a special project of Alta Specialized Family Services, Inc.
3201 Fourth Street, NW Albuquerque, NM 87107, (505) 345-6889, FAX 345-6482

Project Ta-kos Training Modules

Understanding Family Uniqueness through Cultural Diversity -an introspective look at cultural characteristics, norms, and mores (expected behaviors) that influence how you view yourself, others who share your culture, and those who share only portions of your culture. As families and professionals interact, paying attention to subtle differences in attitudes and perspectives alerts parents and professionals to areas of potential miscommunication and misunderstanding. The objective is to become sensitive to these nuances and to develop a relationship which respects them.

Another Way to View Child Development - looks at some aspects of a child's normal development: sensorimotor system (tactile, vestibular and proprioceptive subsystems), communication, and temperament, as a different lens through which to view behavior. We use this information to help adults realize the key role that they play in helping the child understand and feel secure in his world in order to grow and develop. The objective is to help parents and professionals recognize the developmental basis for behaviors exhibited by children. As they recognize how their own temperament and communication patterns, influence the child's behavior, they are able to modify their behavior to support the child.

Family-Centered Approach to Early Childhood Special Education - focuses on the implementation of practices which promote services which are responsive to family preferences. Major issues are: 1) applying principles of family-centered care to work practices and policies and 2) professionals and the family collaborating in the development of Individualized Family Service Plans (IFSPs) or other plans, with emphasis on developing outcomes that relect the family's needs. The objective is to view the family as guiding and defining the delivery of services in collaboration with service providers.

Networking - bringing families together and encouraging them to support one another. We explore the family-centered philosophy and its meaning to families. We discuss ways that families can fully exercise their power as partners with professionals in providing care for their child. This workshop is a two-hour session. Families determine the types of activities that they desire in a second workshop or in place of a second workshop which might support networking. Parents choose the next steps which may range from the simple, (e.g., car pools or traded baby-sitting time), to the complex, (e.g., setting up support groups or advocacy training).

Transitions - looks at interagency coordination for ways in which families can move more easily between systems, such as Early Intervention Programs and Public Schools. The aim is to have parents and professionals get together to develop a Transition Plan which everyone understands and accepts.

Project Ta-kos Staff:
Linda Askew - Co-Director
Betty Yoches - Co-Director
Tony Husted - Training Specialist
Margarita Luera - Training Specialist
Patricia Parham - Training Specialist
Nancy Hunt - Administrative Assistant

(Carrie Tingley Hospital, continued from page 1)

family-centered philosophy to the health care setting. After the first series, a participant commented that the training helped everyone to focus on "practical problems and solutions as related to CTH and various departments." The workshops are supported with activities that promote discussion from the large group as well as small group sessions to review concepts and practice communication skills.

The CTH staff were pleased with the opportunity to work together and share ideas, especially across departments. "Workshop opened discussion for a group of us that don't agree on a lot of issues. . .(I liked) listening to other departments brainstorm, and also to stretch ideas within our own department. . .felt it was meant to pull services together to focus on the family."

Most of the CTH staff, including inpatient and outpatient services and management, are participating in the workshops. After the formal training, Project Ta-kos staff will work with hospital departments and individual staff members in developing follow-up support to help them learn additional skills for implementing a family-centered approach to care. The on-going assistance is tailored to the needs of the groups requesting follow-up, and will be offered to administrative staff as well as the direct service staff.

* * *

PROJECT TA-KOS OUTREACH ADVISORY COMMITTEE MEMBERS

Gail Beam, Ph.D. - Senior Associate, Program Director, Training and Technical Assistance Unit, University Affiliated Program, UNM School of Medicine; Principal Investigator, Project Ta-kos Model Demonstration

Victor Proo - Respiratory Therapist, UNM Hospital; PRO Parent Advocate

Kenneth J. Martinez, Psy.D. - Clinical Psychologist, The Phoenix Group, Psychiatry and Psychotherapy Specialists; Professor of Psychiatry, UNM School of Medicine

Liz Kobel - Early Interventionist, Alta Mira; Community Program Specialist in Early Childhood, NET New Mexico

Raechel Thompson - Executive Director, Jelly Bean Junction Child Care Center; Program Coordinator, Oak Tree Family Resource Center

Linda Coleman - Co-Director, Project Adobe, PRO; Family/Training Specialist, Project Ta-kos Model Demonstration

Mary Dudley, Ph.D. - Director, Parent/Infant Education Program, Parent Development Program at UNM; Family Specialist, Project Ta-kos Model Demonstration

Carol Westby, Ph.D. - Language Specialist, Training and Technical Assistance Unit, University Affiliated Program, UNM School of Medicine

Javier Aceves, M.D. - Director of Pediatrics, Carrie Tingley Hospital; Director of Pediatric Chronic Disease, UNM School of Medicine

Grace Hutzel, R.N., M.S.N. - Child Health Nurse Educator, State of N.M. Department of Health, Public Health Division, Child Health Section

Magi Gerety - Coordinator of Early Intervention Services, New Vistas, Santa Fe, Project Ta-kos Model Demonstration Site

Olivia Rivera - District Coordinator for Early Childhood Education, APS

Clark Hansbarger, M.D. - Deputy Chairman of Department of Pediatrics, UNM School of Medicine; Program Director of Pediatric Residency Training Program, Co-Founder, Parent Advisory Board, UNM Children's Hospital

Polly Arango - Writer and Consultant; National Resource Parent/Maternal Child Health Project; Faculty, National American Occupational Therapy Association Early Intervention Project

Molly Grady - Child Care Coordinator, Coalition for Children, Youth and Families in New Mexico; Founder, Serendipity Day School

Tom Schneil - Assistant Superintendent/Special Education Director, Moriarty Municipal Schools

Up To Date On Training:

Cibola County - Cibola County Community Systems, Acoma Head Start, Grants Head Start, Laguna Head Start, Grants Developmental Disabilities kindergarten- public schools, Children's Medical Services, Public Health Service, Acoma-Canoncito-Laguna Hospital staff, Child Development and Cultural Diversity are being offered. (31 people)

Bernalillo County - Family-centered training has begun for staff from Carrie Tingley Hospital. A mix of technical, professional, clerical and administrative staff have been trained. (Two series of workshops, 43 persons)

Public Health Division - Cultural Diversity will be offered during the Summer, 1992.

The Cherokee had developed their own written alphabet before the European alphabet was brought to America. To write messages they used certain tree leaves the way we use paper today, and called them "Talking Leaves".

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PROJECT TA-KOS
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Albuquerque, NM 87107

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Talking Leaves

Fall, 1992

TA-KÓS TAKES PART IN WASHINGTON STATE'S SUMMER INSTITUTE VIII AUGUST 10-14, 1992

by Margarita Luera

Early Childhood Special Education Summer Institute VIII[1], an intensive studies program, was held in Wenatchee, Washington. Approximately 300 early childhood special education professionals participated in this year's challenging institute. Project Ta-kós was invited to provide a perspective on culture in the design and conduct of the "Super Experimental Class."

The other classes provided by the institute focused on a topical theme such as, "Developmentally Appropriate Practices (Advanced)" or "Technology and Augmentative Communication in the Preschool Setting: Making the Match". Each class had 20 - 30 students.

The "Super Experimental Class" challenged students to examine "Issues and Trends: Value-Based Approaches in Early Childhood Special Education." The very nature of early childhood special education implies an interaction among professionals, families, and communities which individually, and collectively, integrates values from different perspectives. These values play a role in determining how services are delivered to families and their children with disabilities.

The "Super Experimental Class" proved to be a welcome challenge for students as well as instructors, Paulie Mills, Margarita Luera, and Kathy Oliver. Ninety students attended sessions presenting theory and experiential exercises. A Parent Panel answered students' questions with clarity and honesty. Each afternoon the students split into small groups for intensive work sessions. They explored inclusion as it relates to developmentally appropriate practices, family-centered practices, and culturally appropriate practices.

Throughout the week students identified their values and beliefs and how they influence interactions with others. They integrated the information gathered on their belief systems with their program practices. Studies culminated with everyone developing an individual action plan. The action plan incorporated important factors of a values-based approach when working with a child, a family, the professional community or one's self.

Some action plans included: to learn more about my heritage, especially the Ozark mountain culture - no more being embarrassed about my "hillbilly" roots; to share all of this experience with staff back home; and to be more conscious of the questions that we ask families and the way in which we ask questions.

Carol Pacheco, formerly with Alta Mira Specialized Family Services, Inc., (currently giving her considerable expertise to the Walla Walla school district) sends everyone greetings. Carol and her family miss New Mexico very much. Project Ta-kós was asked to participate in the Early Childhood Special Education Summer Institute IX. Ta-kós looks forward to working again with Carol and Washington State's other early childhood special educators.

WE'VE MOVED!
800 Rio Grande Blvd, NW
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Albuquerque, NM 87194-7040
Phone : 842-9948
FAX: 842-9986

FEATURED SITE: CIBOLA COUNTY MODELING AGENCY COLLABORATION

by Margarita Luera

Cibola County models interagency collaboration to meet the needs of families with children with disabilities. The effort began with Wendy Brown, then the Early Intervention Case Manager for Cibola County Community Systems.

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[1] Early Childhood Special Education Summer Institute VIII is sponsored by: Eastern Washington University, Washington State University, Seattle Pacific University, University of Washington, Western Washington University, Pacific Lutheran University, Central Washington University and the Office of Superintendent of Public Instruction.

Project Ta-kós Outreach is a special project of Alta Mira Specialized Family Services, Inc.

PROJECT TA-KÓS ADVISORY COMMITTEE NEWS

ADMINISTRATIVE COMPONENT: IN PRESS

Developers of the Administrative Component, Patricia Parham and Pat McMahon, designed a training module for Ta-kós staff and a manual for agency administrators. These documents help us to explore the principles of the family-centered and person-centered approaches and link these to "exemplary practices" in management and administration. Seeking to influence how adults' and children's programs work together in a single agency, this component targets Board members, Executive Directors of agencies, and Early Childhood and Adult Services Coordinators.

A survey of selected agency directors and early childhood coordinators influenced the content of the component. Many thanks! Special thanks to Javier Aceves, Gail Beam, Mary Dudley, Clark Hansbarger, and Victor Proo for responding to the survey and reviewing component materials.

PRE-POST TEST REVIEW

Margarita Luera sends many thanks to Advisory Committee members Ken Martinez and Molly Grady for reviewing the pre-post test for Understanding Family Uniqueness Through Cultural Diversity. She thanks Carol Westby for thoughts on designing Phase II.

NETWORKING AND FAMILY-CENTERED COMPONENTS REVISED

The Networking component now includes a didactic presentation on the philosophy of a family-centered approach. This revised workshop explores the characteristics of being family-centered and the subtle variations which are not family-centered. Advisory committee members Raechel Thompson, Victor Proo, and Linda Coleman reviewed a draft of the workshop and provided very helpful and specific feedback. Thank You. Special thanks to Linda Coleman for the background on the rationale, beliefs, and purposes for the component.

The Family-centered component, originally written primarily for education sites, underwent revision for the training scheduled at Carrie Tingley Hospital. With the assistance of Javier Aceves and the incorporation of participant feedback, the revised component is now ready for further comments from advisory committee members.

(continued from page 1)

Wendy organized the first meeting for Project Ta-kós staff to meet with representatives from: Acoma Canoncito Laguna (ACL) Hospital, Grants Head Start, Public Health, Children's Medical Services, Grants Developmental Disabilities Preschool, Laguna Pueblo Head Start, and Acoma Pueblo Head Start.

Excitement grew as plans unfolded to attend training from Project Ta-kós. The Cibola County group chose two modules, "Another Way to View Child Development" and "Understanding Family Uniqueness Through Cultural Diversity". The group also wanted to share information with parents.

Although agency administrators knew of each other and some had worked together previously, this was the opportunity for non-administrative staff to also participate. In addition, parents attended the Child Development workshop on Temperament and Communication.

"Understanding Family Uniqueness Through Cultural Diversity" participants explored beliefs and values from the perspectives of their families of origin and their current families. They explored how their belief systems affected their interactions with the families with which they work.

Half of the participants practiced ethnographic interviewing skills at a luncheon provided by Dr. and Mrs. Singh in their home. The Singhs provided East Indian food and insight into their life-ways living in Grants, and how they differ from their family's lifeways living in India. The other half of the group will complete the module with a luncheon in October.

The Cibola County participants, with Project Ta-kós, will provide monthly workshops for parents from all of the agencies. The first workshop, "Networking" was held September 25, 1992. That afternoon Cibola County participants designed the activities for Phase II of Cultural Diversity.

RESULTS & REACTIONS. . .

CHILD DEVELOPMENT WORKSHOP - CIBOLA COUNTY

The Child Development Workshop presented to the Grants community last spring, focused on four aspects of early childhood development (Sensorimotor, Communication, Temperament and Integration). Participants enjoyed the interaction and teaming. They liked the "exchange of ideas" and the "practical knowledge" shared, such as, "matching information with actual children".

In a workshop highlight, parents participated in the third session on Temperament and Communication. At the final session, participants reported that the content and involvement met their expectations. "I have enjoyed all of your sessions...I have learned a lot and have appreciated spending time and sharing ideas with people from other agencies."

UNDERSTANDING FAMILY UNIQUENESS THROUGH CULTURAL DIVERSITY -CULTURAL COMPETENCY COMMITTEE, PUBLIC HEALTH DIVISION

Cultural awareness ranks high on the list of interpersonal skills in the Public Health Division. The District 1 Cultural Competency Committee seeks ways to help individual staff members feel comfortable with and accepting of persons from different cultures. Members of this committee completed Phase I training in the Cultural component early in August.

Some of the reactions to the training were:

"The examples shared by everyone are always great."

"I see that we are developing relationships with each other -- a good feeling."

"Overall, the workshop was great! It has opened up a whole world for me."

"Lunch with the Hsis was a high point of this training."

The Cultural Competency Committee is exploring ways to provide Phase I training to staff around the state and identifying goals for Phase II.

FAMILY-CENTERED: A HEALTH CARE PERSPECTIVE - CARRIE TINGLEY HOSPITAL

The comments behind each Family-Centered curriculum workshop series at Carrie Tingley Hospital (CTH) provide a picture of the interaction in the workshops. Most people said that the role plays, "watching the interviews with the parent" and "the time allotted to practicing" the techniques and skills, were the highlights. One person echoed others' comments when she "liked the opportunity to interact with others (in other departments)".

The series at CTH marked the first extensive training conducted at a major health care site using a complete Project Ta-kōs curriculum component. The first of three groups began workshops on providing Family-Centered Care last February. The third group ended this August. Each group attended four afternoon sessions which consisted of lectures, discussions and role plays. Everyone shared their experiences and worked to apply family-centered practices to their jobs. At the conclusion of the workshops, the staff in some departments stated that they wanted Project Ta-kōs staff to check in, act as a facilitator, attend an occasional staff meeting, or to develop a series of meetings. Others wanted to "plan an event (to develop) interdepartmental connections" or to explore ways to "facilitate information flow." On-going contacts between Project Ta-kōs staff and CTH staff will support continued implementation of family-centered practices.

Project Staff:
Linda Askew - Co-Director
Betty Yoches - Co-Director
Tony Husted - Training Specialist
Margarita Luera - Training Specialist
Patricia Parham - Training Specialist
Nancy Hunt - Administrative Assistant

UP DATE ON TRAINING:

Torrance County: Moriarity Public Schools, Jelly Bean Junction and Public Health will receive training in the Family-Centered Component beginning September 30. A parent workshop in the Networking component will be offered in mid October.

Bernalillo County - A third series of workshops in the Family-Centered component has been completed at Carrie Tingley Hospital.
Public Health Division - Over the summer, eighteen people from the Cultural Competence Committee were trained in the Cultural Diversity component.

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The Cherokee had developed their own written alphabet before the European alphabet was brought to America. To write messages they used certain tree leaves the way we use paper today, and called them "Talking Leaves".

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Talking Leaves

Spring, 1993

MORIARTY MUNICIPAL SCHOOLS EXAMINES IFSP PRACTICES

by Linda Askew and Tony Husted

We are very happy to renew our relationship with Moriarty Municipal Schools which began during the model demonstration phase of Project Ta-kós. Our relationship grew out of a mutual interest in providing services for three and four year olds and their families within the public schools. Prior activities included developing a Parent Advisory Board, awareness training on developing parent partnerships, and consultation on transitioning three year olds to the public school.

In May, 1992, two Project Ta-kós staff members met with staff from the 3 and 4 year old program to plan training activities. The group decided the staff would participate in Family-Centered component training. The workshops began in the Fall of 1992 and Phase I activities will conclude in the spring.

The training focuses on how the staff can use elements of the IFSP process and meet the requirements of the IEP. Fundamental to the IFSP process is the commitment to the principles of a family-centered approach. For example, the Moriarty staff is discovering how an education plan can best support family preferences and needs.

Workshop activities support skill building, interaction and practice on applying Family-Centered principles. Role-plays demonstrate effective communication skills such as active listening and empathetic responding. Self-awareness activities promote exploration of beliefs and values and how they influence parent/professional interaction. Developing a child's plan using interviewing skills and reflecting a family preferences integrates workshop activities. The group will complete the training by deciding on ways they can adopt the practices within their program.

PROJECT TA-KÓS STAFF CHANGES

Hello.......

In November, Darcie D. Sims joined Project Ta-kós as a Training Specialist. Darcie brings a wealth of experience in training and curriculum development to our team. She is a psychotherapist and certified grief management specialist with 2 Master's degrees in Education and Mental Health Counseling. She is currently completing her PhD in Family Studies/Human Services with an emphasis in Family Adaptation to Change.

Darcie and her husband, Tony, recently returned to New Mexico after a 28 year career in the military. They are the parents of Alicia, a senior at Southwest Missouri State University and of Austin, who died of multiple birth defects and cancer 17 years ago.

Darcie is an internationally recognized trainer in Family Adaptation, Grief and Loss issues and is the author of Why Are The Casseroles Always Tuna? A Loving Look At The Lighter Side Of Grief. *WELCOME, DARCIE!*

Good-Bye.........

We sadly say good-bye to Patricia Parham, PhD, Training Specialist, who has moved to NET New Mexico. Patricia helped develop the Administrative Component, trained the Family Uniqueness Component and worked with the Advisory Committee. She also coordinated research and evaluation activities with Deb Harrington. Although Patricia left the 1st of February, she will complete Family Uniqueness Component Phase II training for the Public Health District I Cultural Competency Committee with Margarita Luera.

Patricia was presented with a 4 foot long red chili ristra at a farewell luncheon. We wish Patricia good luck and send her a big hug and a giant thank you for her expertise, hard work and friendship. *BUENA SUERTE, PATRICIA!*

Project Ta-kós Outreach is a special project of Alta Specialized Family Services, Inc.

FEATURED SITE: ZUNI, NM
A NEW DAY: A DAY OF TRAINING
by Darcie Sims

The mist is rising from the mesa tops as the sun begins its climb into a new day. It is bitter cold. A light dusting of snow covers the deeply rutted muddy side roads and the smell of wood smoke greets the Project Ta-kós trainers as they wind their way across the mesas of Western New Mexico. Armed with notebooks, flip charts, markers, video tapes, a basket of fruit and several dozen freshly baked doughnuts, the staff carefully follows the map drawn from directions given over the phone. The mud makes them wish they had remembered to bring boots. It is an early morning in January and Project Ta-kós is about to begin training at a new site, in Zuni, New Mexico.

Unloading at the village library, the staff is warmly welcomed and many hands help set up equipment and arrange tables. As the coffee perks, training begins. Although the group is small, it brings together both early intervention and Head Start programs, a dynamic combination. Discussions are lively and peppered with bits of Zuni culture and customs. Laughter serves as the universal language and by noon, the coffee pot and the doughnut box are both empty.

Sharing a pizza helps cement the friendships being made and training continues into the afternoon. Role plays, lectures, small group discussions and lots of questions help bridge the cultures. Everyone wrestles with the technical aspects of child development and discovers that our questions and concerns are universal. We are ALL trying to learn as much as we can in order to help the families we serve. Many of our problems are the same. Too soon, the afternoon is gone. Homework assignments are made, training dates confirmed and jackets found...it is snowing now and the day is done. The trainers load up their equipment, check on directions home and with hugs all around, another day of training for Project Ta-kós ends. Everyone heads for home: for some a short walk, for others, a long drive. But we all share a journey towards understanding.

ADMINISTRATIVE COMPONENT ON THE MOVE

"Infusing Family-Centered Concepts Into Agency Administration", the training component written by Patricia Parham and Patricia McMahon, is receiving a great deal of attention across the country. This 2 hour workshop received high marks at the DEC conference last December. Patricia Parham has been asked to present this material at the 28th Annual ACCH Conference in Chicago in May. The Administrative Component is composed of a training module and a manual for agency administrators. This component explores the principles of a family-centered approach and provides guidelines for assessment of management and administrative practices.

Congratulations to Patricia and Patricia!!!

PROJECT TA-KÓS ADVISORY COMMITTEE NEWS:

NEW COMMITTEE MEMBER

Project Ta-kós welcomes Dr. Holly Harrison to our Advisory Committee. Dr. Harrison is the Early Childhood Coordinator for Network for Effective Training and Technical Assistance in New Mexico (NET New Mexico). She coordinates and provides needs-based training and technical assistance to New Mexico's Infant/Toddler programs. Dr. Harrison also teaches Infant/Toddler Personnel Preparation courses through the University of New Mexico's Family Studies Department. Dr. Harrison is currently serving as president of New Mexico's Division for Early Childhood (DEC). We are happy to welcome Dr. Harrison to our Ta-kós family!

REMINDER: ADVISORY COMMITTEE LUNCHEON

Mark your calendars for the Advisory Committee luncheon,
April 13, 1993
11:45 am - 1:30 pm
Good food, good company, good works to be shared!
Goodness.......BE THERE!

DON'T
MISS
IT

TRAINING UPDATES: The Cibola County inter-agency training effort continues with monthly parent meetings. The last workshop for parents, "Transitions" will be April 23. Staff are involved in "Understanding Family Uniqueness Through Cultural Diversity" Phase II training. Participating agencies include: Laguna Head Start, Mid-West (Grants) Head Start, Bethphage Missions West, Cibola County Schools and Cibola Public Health.

The Public Health Cultural Committee, District 1 is currently continuing their training with the Family Uniqueness Component, Phase II.

In Moriarty, ten parents and professionals gathered to participate in the Project Ta-kós Networking workshop last Fall. The Oak Tree Family Support Center provided space, child care and support activities. Those who attended the morning workshop said they enjoyed "getting to know each other", sharing experiences and the bonding that took place.

NEW SITES: Zuni Entrepreneurial Enterprises, Inc. (ZEE) in Zuni, New Mexico is working with Project Ta-kós to meet the needs of ZEE's early intervention program staff and the community. The staff of Shiwi Tsana Early Intervention Program (STEIP) and five teachers from the Zuni Head Start program have just completed the Child Development Phase I component. Plans are underway to implement Phase II training later this spring.

Another new training site has been established, this time in Santa Fe. New Vistas Early Childhood Program will receive training in the Family Centered Component this spring. Training began March 2nd and will be followed by the Child Development Component beginning in May. WELCOME ABOARD!

TA-KÓS HELPS LINK IFSP AND IEP PROCESSESS

by Tony Husted and Linda Askew

Project Ta-kōs becomes the link between state and direct service level groups interested in determining the feasibility of merging IFSP and IEP processes while complying with legal requirements. Two of the goals of both groups are to promote family-centered practices and to facilitate a "seamless system" of service delivery for children entering public schools.

In the first effort, the early childhood coordinator for the State Department of Education formed a committee to develop a technical assistance document that provides information for those interested in using IFSP practices within the IEP process. The committee includes parents, early childhood service providers, public school teachers, a representative from the Developmental Disabilities Division, Department of Health and a Project Ta-kós staff member.

The document, which promotes a Family-Centered philosophy, is in a question/answer format. It addresses specific information on such topics as benefits for using an IFSP process, legal requirements and recommendations to merge the two processes. The document will be distributed to programs throughout the state for public comment in April.

In the other activity, the Regional Cooperative Center V (RCC V) staff invited Project Ta-kós staff to present an awareness workshop on the IFSP process and how it can be used to meet IEP requirements. This effort resulted when the early childhood program staff of Moriarty Municipal Schools, a member of RCC V, became interested in using IFSP procedures. Two project staff members and the six member RCC staff discussed the principles and philosophy of a Family-Centered Approach and how the principles are put to use in developing the IFSP. The group questioned what it would mean to adopt the IFSP principles for use with the IEP.

A few weeks later, Project staff shared the same information with early childhood coordinators, administrators and parents from the eleven districts of RCC V. This group explored ways to make the IEP forms more "family friendly". After the presentation, small groups reviewed different section of the IEP form. The questions they answered were "Who does this benefit?", "Is it necessary?" and, based on the answers, "What changes can be made to reflect Family-Centered principles?" This difficult but exciting process provided everyone with relevant information about the IEP forms.

NEW VENTURES:

Project staff have been invited to participate in a national effort to conduct early childhood faculty training events. The Colorado University Affiliated Programs is one of four regional programs supported by the U.S. Department of Education to organize planning teams in each state. Activities might include a summer institute, resource fair, task force or training in topical areas of early childhood intervention. This exciting opportunity begins in March.

Project Ta-kós will be training "Understanding Family Uniqueness Through Cultural Diversity" at several sites outside New Mexico. In May and August, staff members will travel to Washington state to provide training for Early Childhood Special Educators. Later this year, both South Carolina University Affiliated Programs and North Carolina Affiliated Programs will receive training.

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The Cherokee had developed their own written alphabet before the European alphabet was brought to America. To write messages they used certain tree leaves the way we use paper today, and called them "Talking Leaves".

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PROJECT TA-KÓS PRODUCTS ORDER LIST

The following four components from the Project Ta-kós Training Curriculum are available for purchase:

Another Way to View Child Development: An Interactive Approach to the Integration of the Sensorimotor System, Communication, and Temperament

Purpose: The purpose of this component is to assist parents and professionals in understanding how the child's temperament, and sensorimotor and communication systems support each other in helping the child develop a solid foundation for normal growth and development.

Benefit: Awareness of the interaction and integration of these systems leads to more appropriate interpretation of the child's developmental needs by parents, teachers and other caregivers. This understanding leads to a better "goodness of fit" of how the child and adult respond to each other, therefore enhancing the child's development.

Understanding Family Uniqueness through Cultural Diversity

Purpose: The purpose of this component is to assist professionals in understanding the role culture plays in parental interpersonal dynamics and how adults blend to form unique family life-ways and how a family arrives at appropriate intervention techniques and activities.

Benefit: Participants will explore what each family brings from the past and adapts from the present. This component will create an awareness of how to determine a goodness-of-fit between the intervention plan, the family's life-ways, and the child's needs.

Transition to Public School for Families of Young Children with Special Needs

Purpose: The transition to public school for young children with special needs requires planning and collaboration between parents and professionals. The primary purpose of this component is to identify methods and strategies that can be used by parents and professionals to build on existing skills and resources in order to improve the transition process for children and their families.

Benefit: Everyone involved has a part in making a child's school transition successful, lessening feelings of stress and enhancing individual participants' personal sense of control over the situation. This component supports communication among families and professionals, and facilitates easy access to services.

Infusing Family-Centered Concepts into Agency Administration

Purpose: The purpose of this component is to assist policy makers in understanding the vital role they must play in the emergence and growth of a family-centered agency. Becoming family-centered demands internal agency change as well as programmatic change which can only be initiated at the policy/administrative level.

Benefit: Participants explore the relationships of family-centered principles to management theory and practice. A system for ongoing review and suggestions on the change process are included for agency mission, governance, development, operations, policy and personnel, evaluation, staff development and community relationships.

Please send me the following:

___Another Way to View Child Development, Cost: $85
___Understanding Family, Cost: $85
___Transition to Public School, Cost: $45
___Infusing Family-Centered Concepts into Agency Administration, Cost: $45

Total amount enclosed $______

Order From: Project Ta-kós
Alta Mira Specialized Family Services
P.O. Box 7040
Albuquerque, NM 87194-7040

Name:____

Street:____

City:________________ State:________ Zip:__________

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PROJECT TAKOS

SUMMARY OF THE 1992 THROUGH 1993 EVALUATION

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Introduction

Project Takos conducted training with several agencies and programs during the first two years of the grant. In an earlier grant, the project had developed several training components which were further modified and refined during the second grant year to better meet the specific needs of individual training sites. This report addresses Phase I training (i.e., there are 3 training phases) that was provided in three of these components: (1) The family-centered approach, (2) Child development, and (3) Family uniqueness. The objective of the Phase I training was to increase the expertise of professionals and para-professionals in these areas. This report summarizes the results of the evaluation which focussed on the competencies that were acquired by individual service providers through training. The evaluation findings are described separately for the first (1992) and the second (1993) grant years as training was modified and refined on an ongoing basis.

Rationale and Method for Assessing Competencies

The assessment of competencies is the most valid way of obtaining information about an individual's knowledge in a particular content area. Competency assessments are often used as a way of evaluating the extent to which training objectives were achieved by a outreach project. However, there are several other reasons why it is desirable to evaluate an individual's mastery of knowledge that ostensibly serves as a foundation for working skills. First, competency assessment is important in professions where it is necessary to insure that a provider has achieved a skill level that experts in the profession consider essential to working proficiently in a field. Second, competency assessments can be used by educators to plan their training activities when expertise is evaluated prior to training, and to obtain feedback about the extent to which trainees understood and learned new information. Third, competency assessments can be used to provide feedback to trainees about their performance which can serve as a learning opportunity and a basis for planning future training activities. In addition, through furnishing trainees with feedback about their performance, educators may also gain further insight into whether exam questions need clarification, or if more training or alternative teaching approaches are required in some areas. Hence, the assessment of competencies can provide useful information for program evaluation and for planning and refining training objectives and approaches.

The most standard method of assessing competencies is through a written exam which assesses knowledge of a particular content area. A well-designed written exam assesses knowledge that is key to working proficiently in a particular area. One advantage of this approach is that it is efficient, requiring relatively little time to administer and score. The disadvantage of some written competency exams is that they may not assess an individual's actual skills in some important domains. Thus, some professions find it desirable to also obtain a direct measure of skills, usually through an inspection of work samples. Another approach is to observe an individual's on-the-job performance. Unfortunately, this can be extremely time consuming, requires more resources, and is not always practical. For Project Takos, the main purpose of Phase I training was to provide the basic knowledge that supports skills in different domains. Hence, the project staff developed written competency exams and administered them to all trainees before and immediately after training. Whenever possible, exam items were designed to assess knowledge that would have a direct bearing on actual skills. The remaining report describes the results of these competency evaluations.

Description of Trainees

Overview

Approximately 181 individuals received Phase I training in one or more of Project Takos' model components during the first two years of the grant. Training sites were distributed throughout New Mexico and there were also several sites in the state of Washington. Most of the trainees were women. However, there was a wide representation of educational and ethnic backgrounds. At most sites the majority of individuals had frequent contact with both children with special needs and their parents. The following subsections describe the specific training sites and characteristics of trainees who participated in the three model components.

Training Sites

Training on the three components was conducted at several sites. During the first grant year, training in the *family-centered component* was done with staff from Carrie Tingley Hospital (CTH). In the second grant year, the Santa Fe New Vistas Agency, First Step, and Moriarity Municipal Preschool Program received training in the *family-centered component*.

Six sites received training during the first grant year in the *child development component*: (1) Head Start Grants, Laguna, and Acoma, (2) Cibola County Schools Developmental Disabilities Preschool, (3) Public Health Division, (4) Children's Medical Services, (5) Cibola County Community Systems, and (6) Acoma Canoncito Laguna Hospital. During the second grant year, four sites received *child development training*: (1) Department of Public Health (Santa Fe First Steps), (2) New Vistas (Santa Fe), (3) New Vistas (Las Vegas), and (4) Two sites in Zuni, NM (Head Start Program and Zuni Entrepreneurial Enterprises).

Training in the *family uniqueness component* was conducted during the first grant year at the Cibola County Schools, Developmental Disabilities Preschool, the Public Health Division, and Head Start Grants and Laguna. Several sites in the Vancouver, Washington area received training in the *family uniqueness component* during the second grant year.

Characteristics of Trainees

Child Development Site. During the first grant year, between 35 to 40 individuals attended training in the child development component. However, many of these participants did not return the pretest and/or the post-test competency exams, in part, due to some attrition in this group. Hence, background characteristics are reported only for 12 of the 13 trainees who also completed both competency assessments. Of these participants, all were women and their ethnic background was largely Hispanic (83%). The majority (58%) were paraprofessionals most of whom had teaching certificates to work in the Head Start program. In addition, 17% were health care providers and there was one (8%) administrator, one bus driver, and one early childhood teacher. Only one of the trainees from this group had a bachelor's degree. The remaining participants had some higher education (58%) or a high school degree (25%). The majority of trainees reported daily contact with children who have special needs (67%) although some indicated they had such contact only a few times a month (17%) or once a month (17%). Similarly, more than half of the trainees had daily contact with parents of children with special needs (58%), but several reported such contact only a few times a month (25%) or once a month (17%).

In the second grant year, 13 individuals attended child development training and completed the pre- and post-test competency exams. All of the participants were women and their average age was 42 (SD=15). The ethnic background of participants was diverse with 50% Native Americans, 17% Hispanics, and 33% Caucasians. Although only 8 of them reported their occupation, most were educators (33%) or health care professionals (33%) and one was a parent (17%). Half of the trainees reported some higher education beyond a high school degree (50%) and the remaining trainees had a bachelor's degree or higher (50%). While on the average trainees had spent about 5 years (SD=6.8) in their current position, almost half had spent only one year at their present job. Many trainees had daily contact (23%) or weekly contact (23%) with children who have special needs. However, a large percentage had contact only a few times per month (39%) or less (15%). The majority of trainees had contact with parents who have children with special needs only a few times per month (46%) or less (31%).

Family Centered Approach Sites. During the first grant year, training in the family-centered approach component was delivered to 41 participants, the majority of whom were women (78%). The ethnic background represented by trainees included 63% Caucasians, 30% Hispanics, 3% African Americans, and 3% Native American. Most trainees were health care providers (52%). In addition, 17% were therapists (speech/language, PT, OT), 5% administrators, 2% case managers or service coordinators, and the remaining trainees did not specify their profession. Over half of the trainees (58%) had achieved a bachelor's degree or higher, 32% had some higher education but no college degree, and 10% had a high school education. Almost all of the trainees (95%) reported daily contact with children who have special needs and with parents who have children with special needs. Of the 41 participants receiving family centered training, 35 completed both the pretest and the post test competency exam.

During the second grant year approximately 22 individuals received training in the family-centered component, but pre- and post-test competency data were returned by only 8 of these trainees. Of these 8 trainees, all were women with an average age of 44 (SD=9). The ethnic background of trainees was Caucasian (62%) and Hispanic (38%). Of the 5 trainees reporting their occupation, 40% were therapists and 40% were case managers or service coordinators. All trainees were highly educated with 25% having a bachelor's degree and 75% having a master's degree. On the average trainees had spent 5 and one half years (SD=5) in their current position. The vast majority of trainees had contact with children who have special needs and their parents on a daily basis (63%) or once a week (25%).

Family Uniqueness Sites. During the first grant year, training in the family uniqueness component was delivered to 25 participants, but only 22 completed the background information survey. Of these trainees, the majority were women (91%) and were of Hispanic heritage (75%). Their education background was diverse with 27% reporting a high school education, 18% some higher education, 41% a bachelor's degree, and 14% a masters degree. Many were educators (26%) or health care professionals (26%) but there also were parents of children with special needs (13%), administrators (9%), case managers (13%), and bus drivers (13%). Most trainees had contact with children with special needs daily (41%), weekly (4%), or a few times a month (23%), although several had infrequent contact (32%). Similarly, the majority of trainees had contact with parents who have children with special needs daily (37%), weekly (5%), or a few times a month (19%), but several had contact once a month or less (37%). Seventeen of the participants receiving family uniqueness training completed both the pretest and the post test competency exam.

In the second grant year, training was delivered to approximately 43 participants of which 29 completed the pre- and post-test competency exams. Of these 29 trainees, only one was a man. Their average age was 38 (SD=8.4). They consisted largely of Caucasians (76%) although there were a few trainees with a Hispanic

(14%) or Native American (10%) background. The majority were educators (56%) or other professionals (6% therapists; 11% paraprofessionals; 28% case managers or service coordinators). The majority of trainees had some higher education (38%), a bachelor's degree (35%) or a master's degree (17%). On the average they had spent 3 years (SD=2.7) in their current position. Most trainees had contact with children who have special needs daily (71%) or weekly (14%). Similarly, most had contact with parents with children who have special needs daily (59%) or weekly (19%).

Description of Initial Competency Exams: Grant Year 1

Three exams were developed in the first grant year to evaluate competencies in the three training components of Project Takos. One exam assessed expertise in the family-centered approach component, one in the child development component, and the other in the family uniqueness component (see Appendix). The content validity of each item was established through consensus by the Project staff about whether the substance of a test item was key to acquiring expertise in a particular component. How "good" were these competency exams? There are criteria for determining if a test is a good measure of knowledge and sensitive to changes in expertise as a consequence of training. First, good items generate a distribution of responses such that the majority of trainees do not pass the item before training. When a large percentage of trainees already know the answer, the item is not sensitive either because it is poorly written (e.g., the answer is obvious even to someone who doesn't have a grasp of the content; it's easy to guess the correct answer simply by chance as with many true/false statements) or because trainees are already knowledgeable in the area. While trainees may have some expertise in the component, the majority should not pass an exam item (or the entire exam) if indeed they require training. A second criterion pertains to the distribution of scores on items and the entire exam after training. What does it mean when a large percentage of trainees do not show improvement on an item or the entire test? This question can be difficult to answer as it depends, in part, upon the extent to which educators expect trainees to master the material. Nonetheless, when this situation occurs it is important to re-examine an item or the entire test to determine if it is too difficult, if questions are unclear, or if training was inadequate in certain key domains.

The above guidelines were applied to each of the three competency exams to evaluate the sensitivity of individual test items and the entire exams in assessing expertise in each training component. Lenient criteria were adopted for evaluating the exams given that they were administered for the first time and some testing procedures were not entirely in place. Specifically, after the administration of the post test exam in the child-development component, one staff member believed that several trainees had "collaborated" on the pretest in order to obtain the best possible score. Hence, it is not too surprising that 38 percent of the trainees performed more poorly on the post test. In addition, trainees in the family-centered component spent less time working on the post test than the pretest exam which may account for the lower scores after training in a small group of providers (23%). It is unlikely that most of the lower scores after training can be attributed to a failure of trainees to learn any new information. If this were the case, we would have expected that there would be no change in exam scores. These test administration problems made it difficult to reliably evaluate whether some test questions were too difficult or sensitive to measuring a change in expertise. However, there were some test questions that few if any trainees answered correctly before or after training.

Table 1. Summary of the Evaluation of Individual Questions from the Competency Exams: First Grant Year

Training Component	**Too Easy**[1]	**Difficult**[2]
Child Development	5, 6, 8, 9, 21, 22, 23,	3, 4, 10a, 18
Family Centered	1b	
Family uniqueness	None	3, 5, 8

[1] *These questions were those in which 70% or more of the trainees obtained a perfect score prior to training.*

[2] *These questions were those in which fewer than 20% of the trainees obtained 50% of more points for a particular item after training.*

Table 1 lists the questions that were identified as too easy and too difficult for each competency exam. Questions identified as too easy were those in which 70% or more of the trainees obtained a perfect score prior to training. For the *child-development component*, all of these questions were true/false statements which frequently are easy because there is a 50% chance of simply guessing the correct answer and the answers are often obvious. Although these questions comprised a relatively small proportion of the total score on the exam (6%), some items were eliminated and new items were written for the competency exam that was used in the second grant year. As for the *family-centered approach component*, only 1 question was identified as too easy and these encompassed a small percentage of the total exam score (8%). Four questions that appeared potentially difficult, but comprised only 11% of the total exam score, were also identified in the child development competency exam. For these questions, fewer than 20% of the trainees obtained 50% of more points for a particular item on the post test exam. The reason(s) why these questions appeared difficult for the majority of participants was not clear. It is important to examine performance on these questions in a group of trainees who have more educational experience, which was done in the second grant year. These questions also were be re-examined for clarity and whether their content was adequately addressed through training. No questions on the *family uniqueness* competency exam were too easy but three questions were identified as too difficult for the trainees. On these questions less than 12% of the trainees obtained a correct answer. These questions comprised about 14% of the total exam score. The remaining questions on all three competency exams appeared to be "good" using the criteria adopted for this first look at the competency assessments. It appeared that 83%, 92%, and 86% of the total exam points were founded on good exam items for the child development, the family centered, and the family uniqueness components, respectively.

Description of Competency Exams: Grant Year 2

In response to some shortcomings of the initial competency exams, the *child development* competency exam was revised (see Appendix). The same previous analyses were conducted on the three competency exams to evaluate the sensitivity of individual test items and the entire exams in assessing expertise in each training component. Table 2 lists the questions that were too easy and too difficult given these standards. The revisions on the *child development* competency exam eliminated questions that were too easy. However, there were 5 questions that trainees found difficult. One of these questions, number 2, was on the previous exam and was not classified as too difficult for that particular trainee group. Hence, it is probably not appropriate to alter or eliminate this question. The four remaining "too difficult" questions were new to the exam. These questions should be evaluated in terms of their content and whether adequate training was supplied in these areas. These questions comprised a small percentage of the total exam points (i.e., less than 15%).

The *family-centered* competency exam was not revised and the results were similar to those of the earlier test administration. Clearly, question 1b is too easy (see Tables 1 and 2). On the pretest 75% of the trainees obtained a perfect score and on the post test 100 percent of the trainees had a perfect score. This suggests the item is not very discriminating and, hence, assesses knowledge that is common to most individuals. Despite this, it is good to have some easy questions to avoid intimidating some individuals, especially when they comprise a small percentage of the total exam points (i.e., less than 4%).

Table 2. Summary of the Evaluation of Individual Questions from the Competency Exams: Second Grant Year

Training Component	**Too Easy**[1]	**Difficult**[2]
Child Development		2, 3, 4, 6, 8
Family Centered	1B	
Family uniqueness	None	None

---

[1] *These questions were those in which 70% or more of the trainees obtained a perfect score prior to training.*

[2] *These questions were those in which fewer than 20% of the trainees obtained 50% of more points for a particular item after training.*

As for the *family uniqueness* component, no items were identified as either too easy or too hard. Thus, when the exam was tested on another group of participants all items were sensitive. In addition, the items that were identified as potentially too hard during the first grant year were passed in the second grant year by a greater number of trainees which was likely due, in part, to revisions in the training content and/or methods.

Success of Training Components

Criteria For Measuring Success

How successful was training in each of the components? To look at this, we compared the performance on the pretest and the post test exams. Table 3 summarizes the results and shows the percentage of the total exam scores obtained by trainees.

Before discussing this data, it is important to address some concerns related to interpreting the pretest/post test findings. How do we define progress? Typically, competency exams are criterion based or, in other words, a certain percent of the total information on the exam must be mastered to achieve an acceptable skill level. A criterion of 70 to 80 percent is often adopted, but this may vary depending upon the educational background of trainees or their initial performance level. Specifically, trainees with very low assessment scores (and presumably little exposure to a topic area) prior to training may show meaningful improvements in their knowledge base yet not achieve the criterion skill level. It may not be reasonable to expect trainees with little exposure to an area to achieve a criterion performance level that is reflective of "mastery" of the knowledge. Instead, the training objective might be better focussed initially on creating an awareness of the general issues with future training emphasizing more ambitious goals. In contrast, trainees with more experience in early childhood education should be able to more easily acquire the knowledge and skills that are critical to working effectively within a particular area. Hence, the criteria for evaluating the success of each training component should depend upon these considerations. With these comments in mind, let us return to the data in Table 3.

Success of the Child Development Component

An inspection of the findings in Table 3 from the child development component during the first grant year shows that few trainees mastered more that 70 percent of the information. Recall, however, that over one third of this group had lower post test than pretest scores, perhaps due to their collaborative efforts which inflated pretest performance. Another possibility is that some participants may not have benefitted from training such that lower post test scores simply reflect the margin of error in the testing when trainees "guess" the answer to a question. Thus, it is difficult to draw conclusions about the success of the child development component. Despite this, both the pretest and post test scores were still relatively low which is consistent with the fact that the majority of trainees were paraprofessionals. In addition, about one third of the trainees had infrequent contact with children who had special needs or their parents which may limit their appreciation of the training to some degree. Nonetheless, trainees showed some evidence of greater mastery of the information after training as 62 percent had higher competency exam scores. These trainees demonstrated an average of 11 percent more knowledge (range = 1% to 22%) of child development after training. This suggests training in this component was successful to some degree.

During the second grant year, training in the child development component appears to have been more successful. Table 3 shows that prior to training almost half had mastered less than 50 percent of the material. In contrast, after training only one individual had mastered less than half of the material which suggests training in this component was successful. Interestingly, despite the much higher education level of trainees during the second than the first grant year, the percentage of individuals who mastered

Table 3. The Acquisition of New Knowledge as a Result of Training: Findings from Two Project Components

	FIRST GRANT YEAR		SECOND GRANT YEAR	
Percent of Information Mastered	Before Training	After Training	Before Training	After Training
Child Development				
25 to 49 percent	31%	22%	46%	8%
50 to 59 percent	38%	31%	23%	46%
60 to 69 percent	31%	39%	23%	31%
70 to 75 percent	0%	8%	8%	8%
76 to 85 percent	0%	0%	0%	8%
Family-Centered Approach				
12 to 49 percent	11%	2%	0%	0%
50 to 59 percent	21%	8%	15%	15%
60 to 69 percent	34%	32%	37%	37%
70 to 75 percent	14%	23%	37%	37%
76 to 85 percent	20%	35%	0%	0%
Family Uniqueness				
9 to 49 percent	88%	76%	72%	28%
50 to 59 percent	12%	18%	14%	34%
60 to 69 percent	0%	6%	14%	28%
70 to 75 percent	0%	0%	0%	3%
76 to 85 percent	0%	0%	0%	7%

Note: The tabled numbers represent the percentage of trainees who mastered a particular proportion of the total test information. Percentages were based on 13 trainees in the child development component, 35 trainees in the family-centered approach component, and 17 trainees in the family uniqueness component. The total number of possible exam points were 126, 51, and 22 for the child development, family centered, and family uniqueness components, respectively. In the second grant year, there were a total of 91 possible points for the revised child development competency exam.

greater amounts of material (i.e., 60% or more) were similar between the two grant years. The main difference was that highly educated individuals who had little knowledge of child development (i.e., had mastered less than 50% of the material) were more likely to learn more than 50% of the material than those with a lower educational background. Still, on the average the more highly educated trainees attending training in the second grant year demonstrated about 9% more knowledge (Range=0% to 15%) which was comparable to the individuals who attended child development training in the first grant year.

Success of the Family-Centered Component

There was clear evidence that during the first grant year the trainees' understanding of the family-centered approach substantially improved after training. Table 3 shows that prior to training only 34% of the trainees demonstrated knowledge of 70% or more of the information. In contrast, 58 percent showed an understanding of at least 70% of the material after training, and the percentage who understood less than 50 percent of the information decreased substantially after training. In addition, the majority of trainees (75%) showed some improvement on the post test exam. On the average, they learned about 10 percent more information (range = 2% to 24%) about the family-centered approach. This observation was substantiated statistically using a repeated measures analysis of variance (ANOVA) which showed that the mean post test competency scores (35.5) were higher than the pretest scores (32.8) [$F(1,34)=5.79$, $p<.025$]. These findings indicated that the training component was successful in enhancing trainees knowledge, and presumably the skills they are based on. The success of this component may have been facilitated, in part, by the trainees' relatively high education levels and regular contact with children who have special needs and their parents. Despite the success of the component, continued training with this group will likely be beneficial as a relatively large group of service providers (40%) did not demonstrate on the competency exam a sufficient understanding of the family-centered approach.

In the second grant year, training in the family-centered component did not appear to impact upon trainees knowledge. Table 3 shows there was no improvement on the average in knowledge of the family-centered approach. This finding may be due in part to the relatively high educational level of trainees which is consistent with the fact that more than 70% of them demonstrated knowledge of at least 60% of the material before training. Discussions with Takos staff members suggested that trainees at the New Vistas Site (which was where the competency data were obtained) felt they were already skilled in the family centered approach. Most trainees also missed at least one training session which is consistent with this view. However, 52% of these trainees mastered less than 70% of the material which suggests there is room for improvement. Nonetheless, motivational factors on the part of trainees (e.g., the receptiveness of sites to training) are important considerations and can impact upon the efficacy of training.

Success of the Family Uniqueness Component

The findings from the family uniqueness competency exam during the first grant year showed an improvement in trainees' knowledge. Table 3 shows that before training 88% of the trainees demonstrated knowledge of less than half of the information. After training, 24% showed an understanding of between 50% and 64% of the material. While the percentage who understood less than 50 percent of the information also decreased, still the majority of trainees (76%) mastered less than half of the information. Nonetheless, the majority of trainees (71%) showed some improvement on the post test exam. On the average, they learned about 9 percent more information (range = 5% to 27%) about family uniqueness. This observation was confirmed statistically using a repeated measures ANOVA which showed that the mean post test competency scores (8.5) were higher than the pretest scores (6.9) [$F(1,16)=5.67$, $p<.05$]. These findings suggest that training in family uniqueness was successful in enhancing trainees knowledge, and presumably the skills they are based on. However, despite the fact that over half of the trainees had a higher education and regular contact with children who have special needs, the vast majority mastered less than 50% of the material. This finding may point to the fact that family uniqueness curriculum is typically absent from most early childhood education programs. Hence, more concentrated and ongoing training in this component appears warranted.

In the second grant year, some of the training approaches and content were modified and refined which may explain, in part, the greater success of training at this particular site. While 72% of the trainees had knowledge of less than 50% of the material prior to training, only 28% remained in this category after training. On the average, they learned about 14 percent more information (range= 0% to 41%) about family uniqueness. The success of training was further confirmed statistically using a repeated measures ANOVA which showed that the mean post-test competency sores (12.1) were higher than the pretest scores (9.0) [$F(1,28)=23.33$, $p<.001$]. Despite the substantial improvement in knowledge about family uniqueness as a consequence of training, few trainees mastered more than 70 percent of the information which, again, suggests ongoing training in this component is appropriate, perhaps at more advanced levels.

Attitudes and Their Relationship to Competency

Many educators have been interested in measuring attitudes about different educational philosophies. The assumption is that attitudes may reflect one's understanding of an area and also may mediate the success of training. Further, educators have been interested in whether attitudes can be changed through training. In order to examine these issues, trainees in the family-centered approach component completed a questionnaire designed to assess the extent to which their attitudes or beliefs were consistent with a family-centered approach. In addition, trainees in the family uniqueness component and a larger sample of individuals associated with various early childhood program throughout New Mexico completed a survey designed to assess cultural attitudes.

Issues In Early Intervention Questionnaire: The Family-Centered Philosophy

Overview of Instrument Characteristics. All trainees in the family-centered component completed the Issues In Early Intervention (IEI) questionnaire (Humphry & Gessinger, 1989) prior to and immediately after training (see Appendix). The IEI consists of 23 statements about issues in early intervention that relate to attitudes about a family-centered approach, and which respondents rate on a five point scale (i.e., strongly agree, agree, uncertain, disagree, strongly disagree). Based on previous factor analyses of the IEI, only 16 of the statements are used to compute a total mean score. Consistent with previous work, the 16 items showed good internal consistency on both the pretest and post test administrations (.76 and .87, respectively) which attests to the stability of these items.

First Grant Year Findings. In the first grant year, the findings suggested that trainees' attitudes and beliefs became more consistent with a family-centered approach as a consequence of training in this component. A repeated measures ANOVA showed that prior to training the mean rating on the questionnaire was significantly lower (Mean=3.2, SD=0.4) than after training (Mean=3.5, SD=0.6) [$F(2,34)=22.73$, $p<.001$]. It is worthwhile to note, however, that the mean post test ratings indicated trainees' attitudes and beliefs fell short of endorsing all statements with an "agree" rating. Although their attitudes were more in line with a family-centered philosophy, they did not strongly endorse the approach. Rather, in some areas they were still uncertain or disagreed with family-centered concepts. In fact, less than a third of the trainees had mean ratings that were indicative of "agreement" or "strong agreement" with a family-centered philosophy (i.e., mean total rating of 4 or higher). This suggests that additional training and/or information might be beneficial to this group of educators in terms of changing their attitudes and beliefs about a family-centered approach.

Attitudes prior to training were also significantly correlated with pretest competency exam scores ($r=.63$, $p<.001$) and attitudes after training were correlated with post test exam scores ($r=.34$, $p<.05$) such that a greater understanding of the family-centered approach was associated with attitudes and beliefs that were more consistent with this philosophy. However, the magnitude of the correlation was notably lower after training. Further, there was no relationship between pretest attitudes and post test competency scores, **or** between the amount of change in attitudes with training and the amount of improvement in competency scores. These findings suggest that while attitudes improved with training, they did not predict or mediate the mastery of knowledge in the family-centered approach. Hence, based on these preliminary findings it appears that training can improve knowledge and understanding of family-centered issues independently of attitudes or beliefs about this educational approach.

Second Grant Year Findings. Although the statistical test of attitude change was not powerful due to the small sample size (N=8), there was no descriptive evidence that training improved attitudes about the family-centered approach. The mean rating on the questionnaire before training (Mean=3.8, SD=0.6) was similar to the rating after training (Mean=3.7, SD=0.7). These findings could not be attributed to ceiling effects on the questionnaire because less than one third of the trainees routinely strongly endorsed (i.e., mean total rating of 4 or higher) attitudes that were consistent with a family-centered philosophy.

In contrast to the first grant year, there were few correlations among attitudes and competency exam scores. This was likely due to the small sample size (N=8). Despite this, there was one significant correlation that should be interpreted with caution given the small sample size. Attitudes that were more consistent with a family-centered philosophy prior to training were associated with higher competency exam scores after training ($r=.71$, $p<.05$). This finding may suggest that the efficacy of training at the sites in the second grant year was affected by the attitudes of trainees. However, no such relationship was found for sites trained during the first grant year despite the fact that their mean pretest ratings were similar to those of trainees in the second year. Hence, while the possibility exists that trainees' attitudes toward a family-centered philosophy may influence the extent to which they master knowledge about the family-centered approach, this possibility needs to be further investigated at other training sites.

Family Uniqueness Attitude Survey

Overview of Instrument Characteristics. The Family Uniqueness Attitude Survey (see Appendix) was completed by 180 individuals during the first and second grant years. Twenty nine of these individuals received training in the family uniqueness component and the remaining were individuals associated with early childhood programs throughout New Mexico. The Family Uniqueness Attitude Survey consists of 18 statements about cultural issues which respondents rate on a four point scale (i.e., strongly agree, agree, disagree, strongly disagree). It was administered before and after training in the family uniqueness component during the

Table 4. Principal Component Analysis of the Family Uniqueness Attitude Survey

FACTOR 1: CULTURAL STEREOTYPES	FACTOR SCORE
(29) If a person has an accent or isn't English fluent, I tend to think they are a little slow.	.75
(20) A man's crying is a sign of weakness.	.78
(27) If you don't like ethnic jokes you don't have a sense of humor.	.57
(23) Hispanic men who are well-educated and perform well are treated like any comparable White males.	.69
(21) Men are better managers than women because they are less emotional.	.52
(22) Hiring a person with a disability costs a company lots of money.	.54
FACTOR 2: WORK ISSUES & CULTURE	
(24) Mainstreaming children with special needs is teaching children positive and appropriate responses to differences.	-.63
(30) African American women are great managers because they have learned to be tough in a competitive world.	.59
(19) Women work better with children than men.	.56
(26) Native Americans let things take their own course.	.62
(25) Minority supervisors are fairly non-directive and need more support.	.48
FACTOR 3: GLOBAL PERSPECTIVES ON RACIAL ISSUES	
(14) Minorities will always welcome and appreciate inclusion in White society.	.62
(15) The only way to focus attention on the problems of ethnic differences is through confrontation.	.71
(16) Liberal Whites are free of racism.	.61
(17) Minorities who show pride in their heritage are threatening.	.61
FACTOR 4: CULTURAL DIFFERENCES	
(28) Cultural differences effect the messages being transmitted.	.79
(31) Every cultural group, including my own has cultural heritage, beliefs, values as well as biases.	.60
(18) Whites cannot fully understand what it means to be Hispanic.	.53

second grant year to examine attitude change as a consequence of training.

A factor analytic approach, principal components analysis (PCA), was carried out on the survey as a preliminary step in identifying subcomponents of the scale for future examinations of attitude change in this training component. There were 134 individuals with complete data on the entire survey for this analysis. The PCA revealed four factors that accounted for approximately 52 percent of the variance on the survey. Table 4 shows that these factors could be reasonably characterized as items reflective of (1) cultural stereotypes, (2) work issues and culture, (3) global perspectives on racial issues, and (4) cultural differences. All items factored on only a single factor.

This factor structure provides a preliminary framework for conceptualizing different dimensions of the Family Uniqueness Attitude survey. The total survey had very good internal consistency (alpha = .77) which attests to the stability of these items. In addition, two of the subscales, cultural stereotypes (alpha=.79) and global perspectives on racial issues (alpha=.65) have promising reliability. The reliability of the other two subscales was low (.31 to .40), although this was not surprising for the cultural differences scale given that this factor contains only three items. These measures may improve, however, as the instrument has recently been modified and extended to include a broader content area of attitudes about family uniqueness.

Table 5. Family Uniqueness Attitude Survey: Mean Ratings

	Mean Rating	**Standard Deviation**
Survey Subscales:		
Cultural Stereotypes	3.3	0.4
Work Issues & Culture	2.9	0.4
Global Perspectives On Racial Issues	3.1	0.5
Cultural Differences	3.0	0.5
Total Attitude Survey	3.1	0.3

Note: The mean ratings are base on 180 individuals who completed the Family Uniqueness Attitude Survey.

Table 5 shows the mean ratings on each subscale and the total attitude survey. All of the ratings fell around 3.0 which reflects positive attitudes on the average. Nonetheless, there is clearly room for improvement (i.e., the highest rating is 4). In addition, approximately 30 percent of this sample had ratings below 3.0 which reflects attitudes that are sometimes or consistently negative. This was particularly true for the Work Issues and Culture subscale where 40% of the sample had mean ratings less than 3.0.

Family Uniqueness Attitudes and Competencies. Twenty nine individuals who were trained in the family uniqueness component also completed the Cultural Attitude Survey before and after training. Table 6 shows the results which revealed no significant overall attitude change as a consequence of training. Repeated measures ANOVAs testing for attitude change on each of the individual subscales also showed no significant improvement in attitudes with the exception of one scale. Specifically, attitudes improved after training in the family uniqueness component $[F(1,28)=13.18,\ p<.001]$. However, there was no relationship between attitudes and competencies in family uniqueness. Thus, in contrast to attitudes toward family-centered philosophy, family uniqueness **attitudes** were not associated with **knowledge** about such issues. Although these results are preliminary, it appears that more training and perhaps broader personal experiences than were provided by Project Takos are required to change cultural attitudes. Nonetheless, Phase I training did improve knowledge and understanding of family uniqueness issues independently of attitudes or beliefs about cultural issues.

Summary Remarks and Recommendations

The findings from the competency assessments were generally supportive of the success of training in all three components, despite some difficulties with interpreting some aspects of the data. This conclusion applies most strongly to the family uniqueness component where in both grant years there were consistent improvements in the amount of knowledge mastered as a consequence of training. Despite these successes, there clearly was room for improvement on the part of trainees in all three model components in terms of the amount of knowledge mastered. In addition, trainees' attitudes and beliefs about a family-centered philosophy were more congruous with a family-centered approach as a result of training. Although attitudes did not consistently predict the amount of improvement in competencies, this does not mitigate their importance for evaluation and training objectives. Changing one's beliefs and attitudes may have other meaningful effects that impact on service providers' willingness to pursue additional training, and enact policy and procedural changes that are more compatible with a particular educational philosophy. Cultural attitudes and beliefs generally proved difficult to change during the short course of Phase I training, and were not related

Table 6. Changes in Cultural Attitudes as a Result of Training

	Before Training[1]			After Training[1]		
	Mean	Range	Percent Less 3.0	Mean	Range	Percent Less 3.0
Cultural Stereotypes	3.4	3.0-4.0	0%	3.4	3.0-4.0	0%
Work Issues & Culture	3.0	2.6-3.5	38%	3.0	2.4-4.0	35%
Global Perspectives on Racial Issues	3.2	2.8-4.0	21%	3.3	2.3-4.0	10%
Cultural Differences	3.1	1.0-4.0	31%	3.5*	2.5-4.0	3%
Total Score	3.2	2.8-3.7	21%	3.2	2.8-3.8	24%

** There was a significant improvement in attitudes after training in the area of cultural differences [F(1,28)=13.18, p<.001].*

to competencies in the area of family uniqueness. This may be a difficult area to impact upon and consequently require ongoing training.

Several recommendations have emerged from this look at the success of Project Takos over the first two grant years in improving individual competencies in the training components. In the 1992 evaluation report several recommendations were implemented as a result of the evaluation of training activities in the first year. The following is a list of new as well as some old recommendations that are relevant given the two years of evaluation findings.

1. Individual test items from the child development competency exam that were identified as too difficult should be re-examined. In addition, training in the areas covered by these questions should be evaluated for their clarity and comprehensiveness.

2. The content validity of competency exam items should be evaluated on an ongoing basis to insure that there is a comprehensive assessment of knowledge that is key to working proficiently in a particular area. This is important because as the training components become more refined, new areas may be introduced into the training that will need to be evaluated on the competency exams.

3. Explicit guidelines should be developed to evaluate trainees' performance on the competency exams and, thus, success of the training components. This was a recommendation from last year's evaluation report. This is an important issue because it would assist educators in clarifying better their objectives for training at a particular site. A criterion-based approach should be considered which addresses the differential backgrounds of trainees depending on their educational level, amount of contact with parents and children with special needs, and amount of experience in their current position. In future evaluations, this will require direct analyses of the relationship among these background characteristics of trainees and performance on the competency exams. To date there has not been sufficient sample sizes to do these analyses (i.e., background characteristics could only be matched up with competency exams during the second grant year). The expectancies of individuals in terms of their training goals (i.e., increase awareness versus train providers to work proficiently in the content area) should also be considered when developing criterion-based performance levels. In addition, the perceived needs of trainees is extremely important in terms of their motivation to participate in a training component and learn new information and skills. The negative impact of motivational factors on training efficacy was particularly evident in the family centered component during the second grant year. In the future, an extensive needs assessment should be conducted with the entire

program staff to ensure individuals are motivated to participate in training.

4. Project Takos staff should develop a method for examining changes in a program's or an agency's philosophy, policies, and procedures as they concern a particular training component. This level of inquiry seems important from the standpoint of an agency's motivation and means to adopt a particular philosophical approach. This information would strengthen the evaluation of the success of training as well as contribute to the design of training activities.

5. Attitudes and beliefs that are consistent with a family-centered approach and awareness of family uniqueness issues should continue to be examined, especially in relationship to changes in program philosophy and competencies (knowledge and skills). The Family Uniqueness Attitude Survey has recently been revised to include a broader range of issues that pertain to cultural attitudes and beliefs. This revised instrument is expected to be promising in terms of better evaluating attitudes in this domain.

6. Competencies in the form of knowledge should continue to be examined as many trainees did not master significant portions of the material. The knowledge assessed by the competencies exams ostensibly serves as a foundation for learning skills in a particular area. Hence, it is appropriate to continue training on this information (e.g., perhaps by using other tools or methods), and to continue to assess competencies in the form of knowledge. This can be achieved in concert with Phase II and Phase III training.

7. Methods for evaluating competencies in the form of skills should be emphasized (Phase II and Phase III training) and interrelated to expertise in knowledge that presumably supports these skills.

PROJECT TAKOS

Final Evaluation Report for 1993 Through 1994

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Introduction

For the past three years Project Takos has conducted training with agencies and programs throughout the state of New Mexico and several sites in the state of Washington. Training was provided primarily in three components of the Project: (1) The family-centered approach to early childhood intervention, (2) Another way to view child development, and (3) Understanding family uniqueness through cultural diversity. Each of these components consists of a continuum of training which is separated into three phases. In phase I, the objective of training is to increase the expertise of professionals, para-professionals, and parents by providing them with a greater awareness and a broader knowledge of these particular areas. The assumption is that this awareness and knowledge will serve as the building blocks for the training in phase II where individuals are taught skill building and skill application. In phase III, the training consists primarily of enhancing the mastery of skills, in part through facilitating the teaching skills of individuals who have completed phase I and II training so that they are competent to conduct their own training in a specific areas. Each of these phases attempts to address key issues at the level of the individual, the program, and the community.

During the first two years of the grant, the focus was largely on conducting training in phase I. The outcomes from this training have been summarized in two earlier evaluation reports (see "Project Takos: Summary of the 1992 Evaluation" and "Project Takos: Summary of the 1992 Through 1993 Evaluation") which documented the success of Project Takos in achieving their objectives for phase I training. The present report summarizes the evaluation findings from the training conducted within the 1993 to 1994 grant period in which training was provided in all three phases of the Project Takos model. The evaluation findings are discussed separately for each agency or program because training was tailored to be site specific, and the sites differed in the characteristics of participants, which also could impact upon the training outcomes. Before turning to the evaluation findings, the rationale and methods for evaluating training outcomes will be reviewed briefly. For a more in depth description of the earlier evaluation outcomes and for copies of the instruments, the reader is referred to "Project Takos: Summary of the 1992 Through 1993 Evaluation."

Evaluation Methods

Rational and Methods for Assessing Competencies

Why is it important to obtain information about an individual's knowledge of a particular domain? There are two answers to this question, one of which addresses the issue of *program evaluation* and the other of which pertains to the *development and planning of training activities*. In terms of program evaluation, the assessment of competencies is the most valid way of acquiring **direct** information about an individual's knowledge in a particular content area prior to training and how their knowledge has changed as a consequence of training. Hence, one index for assessing the efficacy of a program intervention is the extent to which individuals' knowledge of a particular area is enhanced as a result of training activities. The competency assessments were therefore developed primarily to evaluate Phase I and Phase III training activities. Although the objective of Phase III training was to master the skills of earlier phases, an aspect of this phase includes "former trainees" teaching a content area in which they were previously trained (i.e., during Phases I and II) to a new group of trainees. In other words, the new trainers deliver Phase I training to new trainees. Knowledge and awareness of these new trainees was assessed using the competency measures as a method for evaluating the efficacy of Phase III training. Hence, this represents an **indirect** evaluation of Phase III training. Unfortunately, the trainers' skills in Phase III were not assessed, but in the future this component of the evaluation will be important in order to have a **direct** measure of the efficacy of this phase of training.

The assessment of competencies also supports the planning of training, the refinement of training activities, and the development of curricula. Specifically, competency assessments can be used by educators to plan future training activities when the participants' knowledge and awareness is assessed prior to training. This provides the educator with information that can be used to plan the level of training and the training activities. The value of these assessments for planning future training activities cannot be overstated, especially when one considers their usefulness in providing feedback about the extent to which trainees understood and learned new information. This feedback can be used by educators and trainees to evaluate whether a particular program or agency could benefit from additional training. Moreover, identifying the strengths and limitations of programs as a consequence of training can help the educator evaluate their own training philosophy, content, and procedures. For example, this information could assist the educator in deciding if specific aspects of training modules are sufficiently comprehensive, if the methods for training are optimal, and if the trainers' or the trainees' expectancies are realistic about how much knowledge and/or skills trainees should acquire.

Competency Exams. During the first two years of Project Takos, three competency exams were developed to assess expertise in the family-centered approach to early intervention, another way to view child development, and understanding uniqueness through cultural diversity. These exams were pilot tested and revised through a series of item analysis that eliminated items which were not sensitive to the acquisition of knowledge in the various training components (for details see the two previous evaluation reports). These analyses identified the most sensitive items, and the Project Takos staff concurred that these items reflected the key content and issues of the training components. These items formed the basis for the competency assessments that were conducted this year for the evaluation and hence, additional item analyses were not carried out. The competency exams were completed by trainees before and after Phase I training to assess the extent to which they mastered the new information. The results from these exams will be summarized later in the evaluation report.

The Evaluation of Skills

The evaluation of skills is much more difficult, because it can pose logistical problems, can be very time consuming, and in some circumstances, is costly. The assessment of skill mastery, however, is extremely important, and is often overlooked in many program evaluations. In Project Takos, a preliminary, but limited, attempt was made to assess skills for one component of the model. This was done in Phase II training of the understanding family uniqueness component. Because limited resources were available for evaluating skills, two brief case vignettes were developed, each of which comprised a written narrative depicting a particular family situation that captured some of the concepts that were central to Phase II training. The trainees were asked to provide a written narrative describing how they would respond to each family situation. The assumption of this evaluation method is that the vignettes will call upon trainees to apply their skills to a situation that might confront them in real life. This approach to evaluating skills is reasonable and commonly employed as a part of some professional licensing protocols.

The Assessment of Attitudes

Educators have been interested in measuring attitudes for a long time. How can information about an individual's attitudes help in program evaluation or facilitate the planning and the development of training activities? One possibility is that attitudes may reflect one's understanding of an issue or content area and therefore, may mediate the success of training. Thus, from a program evaluation perspective it is of interest to know whether training has an impact on changing attitudes that are related to the training curriculum. In addition, an individual's attitudes toward for example, a particular educational philosophy or different cultures, may influence their openness to learning new skills and/or their willingness to incorporate those skills into their program philosophy and practices. This information could be very useful to the trainer when making decisions about how to approach the training without changing the overall goals of the curriculum.

With these issues in mind, Project Takos initiated the assessment of attitudes in two of the training components. Trainees in the family-centered approach completed a questionnaire that assessed attitudes and beliefs about a family-centered approach (for details see the 1992 through 1993 Evaluation Report). Trainees in understanding uniqueness through cultural diversity completed a questionnaire that assessed a broad range of attitudes about cultural issues. The latter questionnaire was developed by Project Takos and preliminary steps to document its validity were reported in an earlier evaluation report (see the 1992 through 1993 Evaluation Report). As for the competency exams, trainees completed the attitude survey before and after training so that we could evaluate whether the training had any impact on changing attitudes.

Evaluation Findings

Phase I Training

Characteristics of Trainees. Phase I training was conducted at five sites during the 1993-1994 grant period. The Gallup/McKinley Head Start, which is associated with the Navajo Nation, and the Gallup/McKinley Public Schools received training in the family-centered approach to early childhood intervention. The trainees from these two sites work with families who are approximately 80% Native American. The other three sites received training in understanding family uniqueness through cultural diversity. These sites included the Institute, programs in

Table 1. Characteristics of Individuals Receiving Phase I Training in the Family-Centered Approach.

	Gallup/McKinley Public Schools	Gallup/McKinley Head Start
Number of Respondents	18	10
Educator	73%	78%
Therapist	7%	0%
Administrator	7%	0%
Paraprofessional	7%	11%
Case Manager/Service Coordinator	0%	11%
Other	7%	0%
Women	89%	80%
Ethnic Background		
Caucasian	78%	0%
Native American	22%	90%
Other	0%	10%
High School Education	12%	14%
Some Higher Education	12%	71%
Bachelor's Degree	18%	14%
Master's Degree	58%	0%
Mean (SD) Age	39 (7.2)	36.7 (7.2)
Contact With Children Who Have Special Needs		
Almost daily	94%	50%
About once a week	0%	10%
A few times a month	0%	30%
Once a month or less	6%	10%
Contact With Parents of a Child Who Has Special Needs		
Almost Daily	50%	30%
About once a week	17%	30%
A few times a month	22%	10%
Once a month or less	11%	30%
Mean (SD) Years in Current Position	3 (3.2)	5.9 (3.4)

Note. Percentages may not necessarily sum to 100 percent due to rounding error.

Table 2. Characteristics of Individuals Receiving Phase I Training in Family Uniqueness

	Institute	**Washington State**	**APS**
Number of Respondents	9	11	23
Educator	50%	78%	70%
Therapist	33%	11%	5%
Paraprofessional	0%	0%	15%
Other	17%	11%	10%
Percent Women	100%	90%	100%
Ethnic Background			
Caucasian	67%	70%	17%
Hispanic	33%	30%	78%
Native American	0%	0%	5%
High School Education	0%	0%	29%
Some Higher Education	22%	18%	24%
Bachelor's Degree	0%	55%	12%
Master's Degree	67%	27%	35%
Ph.D., M.D., J.D., Ed.D.	11%	0%	0%
Mean (SD) Age	37 (8)	38 (7)	40 (20)[1]
Contact With Children Who Have Special Needs			
Almost daily contact	43%	91%	55%
About once a week	28%	9%	15%
A few times a month	0%	0%	0%
Once a month or less	28%	0%	30%
Contact With Parents of a Child With Special Needs			
Almost daily contact	50%	82%	40%
About once a week	25%	0%	5%
A few times a month	12%	9%	5%
Once a month or less	12%	9%	50%
Mean (SD) Years in Current Position	5 (4.5)	2.9 (2.2)	2.3 (1.5)[1]

Note. Percentages may not sum to 100 percent due to rounding error.

1 At the APS site, 20 respondents did not report their age and 19 did not report the number of years in their current position. Training was attended by 30 individuals, but only 23 completed the background information form.

Washington State, and the Albuquerque Public Schools (APS). Tables 1 and 2 disclose the characteristics of individuals who were trained at these sites. These tables show that the majority of trainees were educators and women. There was considerable ethnic diversity among the trainees, and the vast majority reported that they had daily contact with children who have special needs and their families.

Evaluation Findings: The Family-Centered Approach. Unfortunately, evaluation data from the competency exam and the attitude survey could not be analyzed for the two sites that participated in family-centered training. Trainees from the Gallup/McKinley Head Start did not complete the training, in part because of scheduling problems and difficulties in traveling the distance to the training. However, these trainees also felt that they would not benefit from further training pertaining to the IFSP because the public schools were not using the IFSP. Rather, this group received training in empowerment and the impact they can have on the system. Hence, the evaluation instruments were not entirely relevant to this training and were not administered. This illustrates that different sites are likely to have specialized needs such that a particular training component must be flexible to meet those needs while still moving trainees toward the principal goal of the training which is to increase knowledge and competency in the family-centered approach to early childhood intervention. In addition, this example points to the need to develop a more flexible evaluation plan. Nonetheless, it appears that the training met with some degree of success as this group has requested additional Phase I training which will take place during the fall of 1994.

As for the Gallup/McKinley Public Schools, most teachers and therapists were using IEPs for three to four year old children with disabilities. This site was interested in doing IFSPs, but their primary issue was getting families to participate in the process and sign the IFSP. Training focused on providing trainees with an increased awareness of the differences between the IFSP and the IEP in theory and practice. In addition, the topics of interviewing, communication, partnerships, and collaboration were taught. Although the trainees did not receive training in the entire curriculum of the family-centered component, several parts of the competency evaluation were relevant to the training that was conducted with this group. Consequently it was regrettable that only 3 trainees from Gallup/McKinley Public Schools completed the evaluation instruments before and after training. Thus, the data were not analyzed because of the very small sample sizes. The reasons for the poor rate of questionnaire return needs to be investigated and followed up so that future evaluation data are not lost. However, an anecdotal account of the training process was obtained in an interview with the Takos staff member who conducted the training. This interview suggested that there were several positive outcomes from training at these sites. One outcome that impacted upon the Project Takos curriculum was a reaffirmation that training in each component needed to be flexible and site specific. Most importantly, the trainer's perception was that as a consequence of Project Takos the trainees made progress toward working as a team and developing goals that they could all agree upon. In fact, the trainees subsequently outlined a series of steps they wanted to take toward providing services that are more in line with the family-centered approach to early childhood intervention. This observation is a valuable indicator of the success of the training, but needs to be augmented in the future by other more objective evaluation assessments.

Evaluation Findings: Understanding Family Uniqueness Through Cultural Diversity. Leadership training in the family uniqueness component was conducted with 9 individuals at Honoring Family Uniqueness: The New Mexico Early Childhood Special Educators Institute. However, training was not completed because of limitations in time. Hence, an evaluation of training efficacy was not appropriate for this group.

Training with the Albuquerque Public Schools (APS) was successful in terms of increasing participants knowledge of family uniqueness issues. Of the 23 individuals who initially attended training, 12 completed both the pre- and post-training competency evaluations. An analyses of variance (ANOVA) with repeated measures tested whether there was a significant improvement in trainees' knowledge as a consequence of training in this component. The results showed that participants' knowledge increased significantly from before training (Mean Score = 8.7, SD = 2.7) to after training (Mean Score = 12.3, SD = 3.1) [F(1,11)=16.8, p<.01]. In other terms, Table 3 shows that before training the vast majority of individuals were proficient in 50 percent or less of the material which contrasts with the findings after training where half of the trainees had mastered between 51 and 75 percent of the information. These results support the conclusion that Project Takos training enhanced APS participants' awareness of issues pertaining to understanding family uniqueness through cultural diversity.

Training at the Washington site was also successful. An ANOVA with repeated measures showed that there was a significant improvement in trainees' knowledge, as measured by the competency exam, after training [F(1,10)=7.56, p<.025]. Participants' demonstrated more knowledge of the material after training (Mean Score = 12.6, SD = 3.4) than before training (Mean Score = 9.8, SD = 2.4), which can also be seen in Table 3 where the level of information mastery on the competency exam is described. Here we see that before training 82 percent of the trainees were proficient in 50 percent or less of the material. By contrast, after training 73 percent of the trainees had learned between 51 and 75 percent of the material.

Table 3. Acquiring Awareness of Family Uniqueness Through Cultural Diversity: Knowledge Mastery of Trainees During Phase I Training

	APS[1]		**Washington[1]**	
Percent of Information Mastered	**Before Training**	**After Training**	**Before Training**	**After Training**
25 percent or less	8%	0%	0%	9%
26 to 50 percent	67%	42%	82%	18%
51 to 75 percent	25%	50%	18%	73%
75 to 100 percent	0%	0%	0%	0%

Note: Tabled values represent the percent of trainees who mastered a particular level of knowledge.

[1] *Percentages are based on a total of 12 and 11 individuals who completed both the pre- and the post-training competency evaluation at the APS and Washington sites, respectively.*

Table 4. Items Comprising the Subscales of the Attitudes Toward Cultural Diversity Survey

Cultural Stereotypes

1. If a person has an accent or isn't English fluent, I tend to think they are a little slow.
2. If you don't like ethnic jokes you don't have a sense of humor.
3. Native Americans let things take their own course.
4. Hispanic men who are well-educated and perform well are treated like any comparable White males.
5. A man's crying is a sign of weakness.

Cultural Issues in the Work Milieu

1. Minority supervisors are fairly non-directive and need more support.
2. Men are better managers than women because they are less emotional.
3. African American women are great managers because they have learned to be tough in a competitive world.
4. Women work better with children than men.
5. Hiring a person with a disability costs a company lots of money.
6. Mainstreaming children with special needs is teaching children positive and appropriate responses to differences.

Global Racial Perspectives

1. Minorities will always welcome and appreciate inclusion in White society.
2. The only way to focus attention on the problems of ethnic differences is through confrontation.
3. Liberal Whites are free of racism.
4. Minorities who show pride in their heritage are threatening.
5. Whites cannot fully understand what it means to be Hispanic.

Cultural Differences

1. Cultural differences effect the messages being transmitted.
2. Every cultural group, including my own has cultural heritage, beliefs, values as well as biases.

In addition to the competency evaluation, attitudes of participants pertaining to cultural issues were also assessed at the Washington site. Table 4 describes the questions on the attitude survey, which was developed by Project Takos. The questions are grouped according to four subscales that ostensibly assess different issues pertaining to cultural diversity. These scales are partially based upon a preliminary factor analysis of the questionnaire which revealed a five factor solution. However, because this solution separated what the staff believed were conceptually similar ideas, some of the items from one factor were combined with other factors, resulting in four subscales on the attitude instrument. These scales included items that assess attitudes about cultural stereotypes, cultural issues in the work milieu, global racial perspectives, and cultural differences. Individuals rated the extent to which they agreed or disagreed with a statement on a four point scale where 1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree. For the data analyses, items were recoded so that larger numbers reflected better attitudes.

The attitude questionnaire was administered to trainees in Washington State before and after training. An ANOVA with repeated measures showed that there was a trend for attitudes on the *cultural differences subscale* to improve as a consequence of training [F(1,10)=4.86, p=.052] (Mean Pre-Training= 3.5, SD = .5; Mean Post-Training = 3.7, SD = .4). While this effect approaches statistical significance, attitudes in this area were already relatively positive (i.e., the highest possible score was 4) so that there was not considerable room for improvement. There were no statistically significant changes in attitudes on the other three subscales (i.e., *cultural sterotypes, cultural issues in the work milieu, and global racial perspectives*). While the mean scores on the latter three subscales were also relatively positive (i.e., within the range of 3.2 to 3.4), there clearly was room for some improvement as responses to some items within each subscale were less than positive. There was not, however, evidence that any specific item on these subscales pulled for more negative attitudes. These results suggested that Phase I training had little impact on improving attitudes, although admittedly trainee's attitudes toward cultural diversity were relatively positive before training commenced. Ignoring the possible ceiling effects, it may not be reasonable to expect attitudes in this area to change after relatively little time since many of these beliefs and attitudes may be deeply ingrained and hence, might require more personal experiences and knowledge in order to change.

Phase II Training

Characteristics of Trainees. Phase II training was provided by Project Takos only in the family uniqueness component. Training was conducted at the Public Health Division and Cibola County Schools during the 1993-1994 grant period. Both sites had received Phase I training during the 1992 to 1993 grant period. The trainees from these two sites worked mostly with Hispanic families, but also provided services to individuals of Native American or Anglo background. Some of the programs serve infants to three year old children with disabilities and others serve three to five year old children with special needs.

Evaluation Methods. Due to restrictions in the availability of resources for evaluating skills (i.e., time and personnel), only a limited assessment was conducted of the efficacy of this phase of training. No evaluation was carried out for the Cibola County Schools site. For the Public Health Division, the evaluation was largely confined to an assessment **after training** of trainees' skills in dealing with family situations that involved a consideration of cultural issues. Trainees were presented with two written case vignettes and were asked to provide a written narrative describing how they would respond to each family situation. The following two case studies were presented.

1. You have known a family for years. On her thirteenth birthday, the eldest daughter decided she would never be asked to marry. Much to her family's horror, indignation, and shame she had a son. When it was time to deliver none of her three sisters, two brothers or parents would take her to the hospital, a friend rushed her to the hospital. The grandfather gave the infant a name, not the one the daughter had chosen. Now, the family takes care of the four year-old boy while his mom works. It is not uncommon for father, brother, and middle sister to, in front of the child, call the daughter names associated with prostitutes. You witness one of these frequent flair-ups. What do you do?

2. Your sister marries into a family that practices their native language, observes customs and rituals of their culture and religion. At first your sister was so excited about being a part of this family. Now the family expects her to practice their language, customs, rituals, traditions, and spiritual beliefs with her infant daughter. She still loves her husband's family, however, she is very unhappy with the family's expectations. What do you say to her?

The first case vignette was scored in terms the extent which the answer was non-judgmental (4 maximum points), demonstrated good communication skills (1 point), recognized boundaries (1 point), was dependent on family reactions (1 point), and engaged a dialog with the daughter about what's happening to her and her son (1 point). The second case vignette was scored in terms of whether the response was non-judgmental (3 points), involved joint decision making (1 point), explored feelings about her and her husband's cultures (1 point), and explored how the husband's and her cultures affect them (1 point). Scores on these two vignettes were summed for a total score.

Evaluation Findings: Understanding Family Uniqueness Through Cultural Diversity. Of the five individuals who responded to the case vignettes, four were proficient in 57 to 93 percent of the key skill areas. Only one trainee showed a rather low mastery of family skills (i.e., 21 percent of the key areas). Unfortunately, pretest data were not collected to obtain a baseline assessment of trainee skills so that it is difficult to directly attribute these findings to the training per se.

Trainees also completed the attitude questionnaire. Their mean scores on all subscales ranged from 3.2 to 3.3, which suggested they had moderately good attitudes toward cultural diversity issues. Nonetheless, there was room for improvement, especially given that several individuals' average scores were in the 2.5 to 3.0 range.

Phase III Training

Characteristics of Trainees. Phase III training was carried out only for the family uniqueness component of Project Takos. Recall that the trainees' in Phase III also become **trainers** by delivering the Phase I training curriculum to other individuals. Unfortunately, a direct evaluation of these trainers' skills was not conducted during Phase III. Rather, the efficacy of this phase was indirectly evaluated by assessing changes in trainees' knowledge and attitudes, just as in Phase I.

The assumption of this evaluation approach is that the expertise of the trainers will be reflected partially by the extent to which they successfully teach the family uniqueness curriculum to other individuals. Table 5 describes the characteristics of individuals who received training from the trainers. The 30 trainees at the Public Health Division were largely health care professionals or from other professions (e.g., administrative support, financial specialist, clerical, interpreter). Most were Anglo or Hispanic women with some higher education or a bachelor's degree. The 10 trainees at the Cibola County Schools were largely women educators who had a high school education or some higher education, although about a third reported having a bachelor's or master's degree. Most of these individuals were Hispanic or Native American. The majority of trainees from both sites reported almost daily contact with children who have special needs, and about half reported daily contact with the parents of these children.

Evaluation Findings: Understanding Family Uniqueness Through Cultural Diversity. The evaluation findings from the Cibola County Schools clearly suggested that the Phase III trainers effectively enhanced the knowledge base of new trainees. This conclusion was supported by the findings from the competency exam where trainees demonstrated that they understood issues pertaining to family uniqueness significantly more after training (Mean Score = 14.6, SD = 4) than before training (Mean Score = 8.6, SD= 6) [F(1,7)=37.33, p<.001]. This finding is also illustrated in Table 6 which shows that prior to training more than 60 percent of the trainees were proficient in the material. By contrast, after training 75 percent of the trainees had mastered more than 51 percent of the information. While these findings could be attributed partially to the characteristics of the trainees, they are consistent with the goals of Project Takos which is to develop and facilitate the skills of individuals from other programs so that they acquire the expertise to convey their knowledge and abilities to others.

The evaluation findings from the Public Health Division were also supportive of the efficacy of Phase III. Trainees demonstrated more knowledge on the competency exam after training (Mean Score = 10.1, SD = 2) than before training (Mean Score = 8.5, SD = 2) [F(1,18)=11.74, p<.01]. However, Table 6 shows that these findings were due largely to the acquisition of information by individuals who initially were not very knowledgeable about the area.

The attitude questionnaire was also administered to trainees from both sites and similar to previously reported findings, there was not a significant change in attitudes toward cultural diversity. Means scores on the subscales ranged between 2.9 and 3.1, which again shows that the failure to detect attitude change could not be attributed to ceiling effects (i.e., highly positive attitudes before training).

Anecdotal accounts of the training process from a Project Takos staff person who was involved in Phase III training also suggested that training was successful at both sites. Both sites were perceived as competent to continue Phase I training, although they both needed to work on Phase II training. Interestingly, this staff person reported that the training worked the best for the Public Health Division because trainees could get substitutes for their work assignments or set their work aside. By contrast, it was not possible for trainees at Cibola County Schools to get substitutes for their classrooms. In addition, training was perceived to work better at the Public Health Division because Project Takos staff met with trainers before

Table 5. Characteristics of Individuals Receiving Phase III Training in Understanding Family Uniqueness

	Public Health Division	Cibola County
Number of Respondents	30	10
Parent	7%	0%
Educator	0%	88%
Health Care Professional	48%	0%
Paraprofessional	4%	12%
Other	41%	0%
Percent Women	93%	100%
Ethnic Background		
Caucasian	64%	20%
Hispanic	32%	30%
Native American	0%	50%
Asian	4%	0%
Gammer School	0%	10%
High School Education	8%	30%
Some Higher Education	32%	30%
Bachelor's Degree	48%	20%
Master's Degree	4%	10%
Ph.D., M.D., J.D., Ed.D.	8%	0%
Mean (SD) Age	43 (11)	34 (6)
Contact With Children Who Have Special Needs		
Almost daily	79%	78%
About once a week	3%	11%
A few times a month	11%	0%
Once a month or less	7%	11%
Contact With Parents of a Child Who Has Special Needs		
Almost Daily	43%	56%
About once a week	21%	0%
A few times a month	18%	22%
Once a month or less	18%	22%
Mean (SD) Years in Current Position	4 (3)	3.8 (2.6)

Table 6. Acquiring Awareness of Family Uniqueness Through Cultural Diversity: Knowledge Mastery of Trainees Who Were Taught by Phase III Trainers

	Cibola County Schools[1]		Public Health Division[1]	
Percent of Information Mastered	Before Training	After Training	Before Training	After Training
25 percent or less	38%	0%	11%	0%
26 to 50 percent	25%	25%	68%	79%
51 to 75 percent	37%	50%	21%	21%
75 to 100 percent	0%	25%	0%	0%

Note: Tabled values represent the percent of trainees who mastered a particular level of knowledge.

[1] Percentages are based on a total of 8 and 19 individuals who completed both the pre- and the post-training competency evaluation at the Cibola County Schools and the Public Health Division, respectively.

training and spent time reviewing materials, which again was not possible at Cibola. The Public Health Division was also perceived to be a more promising site to continue training because they have the administrative support and their priorities are consistent with the goals of the family uniqueness component. By contrast, staff at Cibola County Schools were not sure they would be able to continue to carry out training themselves because there were no administrators to take on training. This is necessary because the teachers' priority is working with families. Although this is only one anecdotal report by a potentially biased observer, it does provide a different perspective on the evaluation of training efficacy. Importantly, it points to the need to obtain objective assessments of the readiness of sites to provide administrative support for the different phases of training, and for changes in policies, procedure, and program philosophy that may be necessary in order for staff to implement the skills they acquire in each phase.

CONCLUSIONS AND RECOMMENDATIONS

The evaluation reports from the first two years of the grant period (see "Project Takos: Summary of the 1992 Evaluation" and "Project Takos: Summary of the 1992 Through 1993 Evaluation") have documented the success of Phase I training in a number of different components of Project Takos. The current evaluation was consistent with those findings. Although admittedly there was little evaluation data that directly spoke to the efficacy of the family-centered component, one site independently outlined a series of steps they intended to take toward providing services that were in keeping with the family-centered approach to early childhood intervention. This is an important outcome that demonstrates the site's commitment to one mission of Project Takos. Nonetheless, it is also important to evaluate other outcomes, such as the trainees' knowledge of concepts that are key to developing skills which are central to the family-centered approach. This information is important not only for determining the impact of training, but also for evaluating whether trainees are ready to proceed with Phase II training which ostensibly is supported partially by the knowledge base acquired through Phase I training. Competency evaluations were carried out for the sites that participated in the Phase I training of understanding family uniqueness through cultural diversity, and the findings overwhelmingly supported the efficacy of training in this component. However, there were not concomitant improvements in attitudes toward family uniqueness. There are several plausible reasons for this. First, it may not be reasonable to expect attitudes to change in this area over a short period of time if they are deeply ingrained in one's cultural experiences or inexperience. Attitude change may be more likely to come about after training in Phases II and III. A second possibility is that because attitudes were relatively positive before training, there was not much room for improvement. This explanation could clearly account for the absence of attitude change in some individuals, but not others. This raises another possibility, that responses may in part reflect an individual's perception of what is a socially desirable response. Unfortunately, it is difficult to evaluate the impact that this factor could of had in the present evaluation.

The evaluation of Phase II training in the family uniqueness component was limited in terms of directly linking the development of skills to the training provided by Project Takos. Hence, it was not possible to draw any conclusions about the efficacy of this training phase. As for Phase III training in the family uniqueness component, the evaluation findings suggested that training was successful as new trainees demonstrated that they acquired new information as a consequence of the training. However, no direct evaluation was conducted of the trainers' skills, knowledge, or teaching abilities to evaluate the extent to which Project Takos successfully trained these individuals to independently carry out Phase I training. This is important because it provides Project Takos with information to evaluate whether additional training is indicated before new trainers can be fully effective in independently providing Phase I training to other programs or agencies. Anecdotal reports of the training process also suggested that administrative support for training may have a potentially profound impact upon the extent to which training in Project Takos components will be fully successful.

Based upon the above findings there were four recommendations for the evaluation of future outreach activities. The goal of the recommendations is to improve both the data base for evaluating the efficacy of training and to provide Project Takos staff with information that can be used to better plan site-specific training activities, including evaluating whether to proceed with a new phase of training. The recommendations are as follows.

1. To begin with, concrete guidelines should be devised to evaluate success on the competency exams and consequently, the success of training in a particular component. In particular, a criterion-based approach should be considered that addresses the different backgrounds of trainees (e.g., education level, experience in a particular component, administrative support for training). For example, for a program that has relatively no experience with a particular topic or that has limitations in the extent to which they will receive administrative support to implement training, educators may want to approach training with the goal of simply increasing trainees' awareness of the area. From an evaluation perspective, it would be helpful to determine prior to training the amount of knowledge that trainees are expected to acquire in order to demonstrate

"awareness" of a topic. This contrasts with setting a performance criterion for sites in which training is expected to establish a broader knowledge base that will support the development of skills in other phases of training. A criterion-based approach should also help educators better clarify their objectives, particularly for future training activities with a particular program or agency. Specifically, information about whether or not the majority of trainees have achieved a particular training goal (e.g., awareness, sound knowledge of key concepts) could then facilitate the development of future training activities and decisions about the readiness of sites to proceed with a new phase of training.

2. A related suggestion pertains to the possibility that some sites may not be ready to proceed to the next training phase. A review of the evaluation data should assist educators in making this decision. However, the implication of this is that the Project Takos curriculum may need to be modified so that it is more flexible in this regard and can provide ongoing training to a site for any particular training phase of the curriculum.

3. An assessment should be conducted of a site's ability to provide the necessary administrative support for training to ultimately have an impact on children and their families. This assessment should consider the administrative support (e.g., program philosophy, policies, procedures, staffing, etc.) that would be required to effectively implement the objective of each phase of Project Takos training. This assessment should be carried out before training and after training so that the impact of Project Takos at the program or agency level can be assessed.

4. Methods for evaluating skills in Phase II and Phase III need to be considered more fully. In both phases, skills should be assessed before and after training in order to assess the efficacy of Project Takos in providing trainees with the necessary skills to achieve the goals of each phase. In Phase III, the knowledge and skills of the new trainers should be directly evaluated. Teaching skills should also be trained and assessed in Phase III as this is an important aspect of the component. In both phases, knowledge of trainees should continue to be evaluated (i.e., competency exam) as the majority of trainees do not acquire more than 50 percent of the material that staff consider important for developing skills in a particular component. One might expect that with ongoing training in skills, one's knowledge of key concepts should also improve.

APPENDIX C - SUPPLEMENTAL RESEARCH MATERIALS

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PROJECT TA-KOS
PRE-TRAINING SURVEY

Location (Agency, City, State) ____________________

Date ____________________

A. PL99.457 mandates that services to eligible children be family-centered. To what extent do the management and operations of your agency reflect this philosophy and support practices in the areas identified below?

		Seldom	Sometimes	Frequently
1.	Staff participation in decision-making.	______	______	______
2.	A commitment to parent/professional collaboration is evident in the agency's mission, philosophy and staff handbook.	______	______	______
3.	Opportunities are provided for parents to be equal partners with professionals.	______	______	______
4.	Staff help families access information and support during the transition process?	______	______	______
5.	Staff help families identify their own strategies to manage the transition of their children?	______	______	______
6.	Staff apply sensori-motor integration to working with young children?	______	______	______
7.	Staff recognize the principles of how early childhood communicationskills develop when planning activities for the young child?	______	______	______
8.	Staff examine the impact of different temperament styles on adult-child interactions?	______	______	______
9.	Family input into policy-making (serve on Board, opinions formally solicited, parent advisory group, etc.). Please give an example:	______	______	______

B. Families are provided opportunities to be involved in (check all that apply):

Parent-to-Parent Activities

1. _____ Support Groups
2. _____ Coordinate Car Pools
3. _____ Telephone Trees
4. _____ Buddy System

Parent-to-Professional Activities

5. _____ Newsletters and written materials
6. _____ Advocacy - lobbying, calling legislators
7. _____ Advisory Committee
8. _____ Workshops
9. _____ Parent Staff Positions

Group-to-Group Activities

10. _____ Pot Lucks, Picnics, etc.
11. _____ Fundraising Activities
12. _____ Volunteer Appreciation Activities

C. Please identify areas in which you have received training and those in which you would like to improve skills, below. (Check all that apply.)

Received training		Would like to improve skills
_______	Develop and maintain partnerships with families.	_______
_______	Develop outcomes or goals that are functional for the family	_______
_______	Develop strategies to achieve outcomes or goals	_______
_______	Formulate an intervention plan per the Individuals with with Disability Act (IDEA, Part B & Part H), formerly PL 94-457	_______
_______	Help families identify & build upon their capabilities & strengths	_______
_______	Sensori motor Development and Integration	_______
_______	Temperament Characteristics and Styles	_______
_______	Development of Infant-Toddler Communication Skills	_______
_______	Self-Regulation and Arousal	_______
_______	Use of Extended Matrix Model to develop supportive learning environments	_______
_______	Other, please specify ______________________	_______

D. With what other agencies do you work? Please check all categories that apply to the nature of your relationship with each agency.

Name of Agency	Make Referrals	Coordinate Activities	Joint Services/ Programs

E. When responding to questions, please check all that apply.

1. How do you learn about collaborative partnerships with families from cultural backgrounds different from your own?

_____ Not a problem. Use same model with all families.

_____ Talk to colleague about the best approach.

_____ Read up on the culture.

_____ Observe family interactions and figure out how to work with them.

_____ Ask the family questions.

_____ Other, please specify _______________________

2. Factors that shape my culture

_____ age

_____ ethnic or national origin

_____ socioeconomic level

_____ religion

_____ geographical region

_____ urban-suburban-rural

_____ gender/sex

_____ exceptionality/special needs

_____ family

3. With families of which of the following ethnic backgrounds do you have the most difficulty working?

_____ Caucasian
_____ Hispanic
_____ Asian
_____ Native American
_____ African American
_____ Pacific Islander

4. Do you view the opportunity to experience a new culture with

_____ fear of the unknown
_____ learning an ideal culture
_____ learning the foreign, exotic
_____ why learn what is not mainstream
_____ might say or do wrong thing
_____ value opportunities for new cultural experiences

5. Which cultures contribute most strongly to your preferred style of interpersonal interactions?

_____ Caucasian
_____ Hispanic
_____ Asian
_____ Native American
_____ African American
_____ Pacific Islander

6. Families in the agency are asking (check all that apply):

_____ to meet with other parents
_____ for help in negotiating the system
_____ do other people have these feelings too?
_____ how other families have dealt with this problem
_____ for information on family-centeredness
_____ for involvement in policy-making
_____ other, please specify ______________________________

F. 1. What impact has PL 99.457, now called the Individuals with Disabilities Education Act (IDEA), had on your agency?

2. What are the barriers to providing family-centered services?

3. Please cite a decision made by your agency reflecting a family-centered approach.

4. Do you work with the sending or receiving schools to facilitate the smooth transition of the child?

_______ Yes _______ No

5. Has your community developed a transition plan?

_______ Yes _______ No

THANK YOU!!!
Project Ta-kos, 1992

NEEDS ASSESSMENT
FAMILY-CENTERED APPROACH

1. Implementing a Family-Centered Approach requires that we develop skills in a number of areas. Please identify areas in which you have received training and those in which you would like to improve skills, below. (Check all that apply.)

Received training		Would like to improve skills
___	Developing and maintaining partnerships with families.	___
___	Developing outcomes or goals that are functional for the family	___
___	Developing strategies to achieve outcomes or goals	___
___	Formulating an intervention plan per the Individuals with Disability Act (IDEA, Part B & Part H), formerly PL 94-457	___
___	Helping families identify & build upon their capabilities & strengths	___
___	Other, please specify ___________	___

NEEDS ASSESSMENT:
FAMILY UNIQUENESS

When responding to questions, please check all that apply.

1. How do you learn about collaborative partnerships with families from cultural backgrounds different from your own?

_____ Not a problem. Use same model with all families.

_____ Talk to colleague about the best approach.

_____ Read up on the culture.

_____ Observe family interactions and figure out how to work with them.

_____ Ask the family questions.

_____ Other, please specify ____________________________

2. Factors that shape my culture

_____ age

_____ ethnic or national origin

_____ socioeconomic level

_____ religion

_____ geographical region

_____ urban-suburban-rural

_____ gender/sex

_____ exceptionality/special needs

_____ family

3. With families of which of the following ethnic backgrounds do you have the most difficulty working

_____ Caucasian

_____ Hispanic

_____ Asian

_____ Native American

_____ African American

_____ Pacific Islander

4. Do you view the opportunity to experience a new culture with

_____ fear of the unknown

_____ learning an ideal culture

_____ learning the foreign, exotic

_____ why learn what is not mainstream

_____ might say or do wrong thing

_____ value opportunities for new cultural experiences

5. Which cultures contribute most strongly to your preferred style of interpersonal interactions?

_____ Caucasian

_____ Hispanic

_____ Asian

_____ Native American

_____ African American

_____ Pacific Islander

NEEDS ASSESSMENT
CHILD DEVELOPMENT

SCALE: Not at all . . . . . Sometimes . . . . .A Lot

1. Do you apply sensori-motor integration to working with young children?
2. Do you recognize how communication skills develop in the young child?
3. Do you examine the impact of different temperament styles on adult-child interactions?
4. Identify areas of child development in which you have received training and those in which you would like to receive (additional) training. Check all that apply.

Received Training		Would Like Training
______	Sensori-motor Development and Integration	______
______	Temperament Characteristics and Styles	______
______	Development of Infant-Toddler Communication Skills	______
______	Self-Regulation and Arousal	______
______	Development of Safe, Supportive Learning Environments	______

NEEDS ASSESSMENT
NETWORKING

Families in the agency are asking (check all that apply):

1.____ to meet with other parents

2.____ for help in negotiating the system

3.____ do other people have these feelings too?

4.____ how other families have dealt with this problem

5.____ for information on family-centeredness

6.____ for involvement in policy-making

7.____ other, please specify ____________________

NEEDS ASSESSMENT
TRANSITIONS

1. Do you work with the sending or receiving schools to facilitate the smooth transition of the child?

   ___ Yes ___ No

2. Has your community developed a transition plan?

   ___ Yes ___ No

3. Do you help families access information and support during the transition process?

   ___ Not at all ___ Some ___ A lot

4. Do you help families identify their own strategies to manage the transition of their children?

   ___ Not at all ___ Some ___ A lot

Code: ________ Date: ________

PRE/POST
FAMILY-CENTERED APPROACH

1. Read the following interview between the professional and a parent and answer the questions that follow on the next page.

Parent: *"We just wish he could be normal, but it goes deeper. We hope we're doing whatever we can to help him reach his full potential. We hope he can read and write and speak clearly enough. He has Downs Syndrome so sometimes, you can see things in other children that are or aren't there in your child."*

Professional: *"If you could have anything you want for Ben, what would that be?"*

Parent: *"Especially his speech, it is more and more clear but it's hard to wait. It's just that every stage he's gone through I think with other children these things happen overnight. Watching Ben learn how to do these things its like he plateaus in one stage and it goes on for ever and ever. Then all of sudden he goes on . . ."*

Professional: *"You said you hope that Ben learns to feed himself. Can you tell me more about what you have in mind?"*

Parent: *"He can finger feed, we'd like to see him use a spoon, getting to the stages where he's a little bit neater and also drinking from a cup, whatever. Water just falls from his mouth, whatever we can work on."*

Professional: *"At this point have any of your thoughts triggered any new thoughts?"*

Parent: *"You know when I talk about him drinking I think about his tongue hanging out which he could use some work if we could train him not to do that."*

Professional: *"Since his brother is here, talk a little about their relationship."*

Parent: *(smiles) "Oh, I think they have a normal brother relationship. They get in little spats now and then. Ben is starting to know, now that he's getting around real well, he starting to get in the way of what his brother wants to do. We have a few brotherly fights now and then. But his brother is very protective."*

A. Pretend that you are the professional conducting this interview and it's your turn to talk. What could your next response be to this parent? Write ONE response using appropriate interviewing skills.

1.

B. Name TWO priorities you heard from the family:

1.

2.

C. Let's say that an objective for Ben is: Ben will practice using singing sounds such as la, ta, da, me, and ooh. Based on the scenario, name TWO strategies that could be used to accomplish this objective.

1.

2.

2. Read the following statements **MADE BY A PARENT** and check TWO that BEST represent that collaboration between the parent and a professional is occurring.

___ "I'm not sure what you want me to say"

___ "I think I've seen a big change taking place this week"

___ "Um, well, I don't know how to answer your question"

___ "Place your hand on his shoulder, like this."

___ "I can probably do that with him while I'm giving him his bath"

___ "We're really happy with his progress but some of these strategies are not working for us."

3. Check the TWO statements that BEST represent the building of rapport.

___ When meeting a professional for the first time it can be assumed that the parent came ready to accept the professional's advice.

___ Professionals are responsible for building rapport with a parent.

___ Once rapport is established, professionals may assume that their relationship with parents will continue to go smoothly.

___ Professionals must consider the importance of rapport because its their responsibility to put the parent at ease.

___ The building of rapport starts after several visits with the parent.

___ Rapport leads to a deep long lasting friendship.

4. When you are talking with families, what is the best way to ask the parents about their child's development? Check the TWO BEST statements.

___ "Tell me about your child."

___ "You know, I need to know all about your child. I need to take some data, fill out some forms and find out all I can. What's she like?"

___ "How would you describe Janie?"

___ "Tell me about a typical day with John."

___ "We have some assessment data that tells us all about your child. Her tests show her to be mildly delayed in cognitive development. She's also kind of slow in language development. What do you think?"

___ "What would you like me to do for you?"

5. Interviewing is used to encourage families to discuss their perspective of the child and family. Check the TWO BEST questions to ask when conducting the **FIRST** interview with a family.

___ "How would you describe a typical day with Ben?"

___ "Do you know what happens when Ben gets upset?"

___ "Let's say you had a chance to do something really special for Ben. What would you do?"

___ "In your family, what is the best thing to do when a baby has a cold?"

___ "I've learned a lot about children with cerebral palsey but I don't know what celebral palsey is like for Ben. Can you tell me about that?"

___ "You described Ben as cranky after he eats. What other words would you use to describe his crankyness?"

6. Read the following IFSP outcomes statements and check the TWO that BEST represent family-centered practices:

___ Julie wants to increase her feelings of confidence in taking care of Ben, in order to be comfortable caring for him at home.

___ Ben needs occupational therapy in order to increase his motor development and feeding skills.

___ Help Ben learn how to eat more kinds of foods so he will have more choices.

___ The family will participate in parenting classes to learn appropriate discipline strategies.

___ Ben will improve his balance and postural control to enable him to sit independently for playing.

___ The Jones' request more information about respite resources in the community.

7. Imagine that you are working with a parent who is asking future oriented questions such as "Will my child be able to live independently?" You are very concerned about the child's immediate therapy needs. Read the statements below and check the TWO BEST ways to handle the situation.

___ Ask the parent why they are concerned about that.

___ Tell the parent the importance of getting therapy for their child.

___ Ask the parent to imagine the best world for their child and to tell you what that would be.

___ Ask the parent what they mean by "living independently"

___ Explain to the parent that you understand their concern but right now they need to make some decisions about therapy.

___ Procede on with your recommendations

8. Imagine that it is your belief that people are the masters over their destiny; that people have the power to make changes. You are working with a family that does not follow through with therapy suggestions and states that they believe that there is nothing they can do to change the situation. Their child was given to them for a reason and they can't change this. Check the TWO BEST ways to handle this situation.

___ Ask the parent what hopes do they have for their child.

___ Ask the parent why they called the agency if they don't want services.

___ Ask the family to tell you what a day with their child is like.

___ Explain to the parent that without services their child will get worse.

___ Tell the parents that you are interested in helping them find ways to make their day to day life easier for them and their child.

___ Ask the parent, "When you were told about the agency what did they tell you we would be able to provide?"

9. In the example below a teacher has asked the parent to attend a conference. Under the statements by the teacher and the parent is a list of the teacher's reactions. For each possible reaction write in the abbrievation that identifies which type of listening is occuring.

AL = (Active Listener) represents one who encourages another to talk and is able to understand what they mean
PN = (Passive Non-listener) represents one who is hearing the words but not the message
AN = (Active Non-listener) represents one who participates in the conversation but does not listen to the content,
PL = (Passive Listener) represents one who listens quietly to another and understands what they are trying to say.

Teacher: *"I'm so glad you could come. I wanted to talk to you about Janie."*

Parent: *"I'm so frustrated, I'm having trouble getting Janie to bed at night."*

a. ___ Teacher: *"She's been hitting other children at school and I'm concerned because she didn't do this before."*

b.___ Teacher: *"Um, uh, You said Janie is not sleeping."*

c.___ Teacher: *(leans forward and nods)* d.___ Teacher: *"You know my neighbor had the same problem with her child and she said that her friend said the same thing so they decided it must be their age. You know I think Janie . . ."*

e.___ Teacher: *"Tell me more about what happens at bedtime."*

10. Place one of the following letters by each of the statements based on how each statement BEST serves the population (the child, the agency or the family)

C = practices that best serve the interest of the child
A = practices that best serve the interest of the agency
F = practices that best address the family's priorities and choices

a.___ Transportation to a clinic is provided from 9 to 4 on weekdays

b.___ A complete assessment is done on the child and family

c.___ Parents are voting members on committees of the board

d.___ Agency designates paid positions for parents

e.___ A multidisciplinary plan is developed and given to a parent

f.___ Parents review and revise survey's given to families and children receiving services

g.___ Policy allows parent to stay with child during an evaluation because the child needs her to be there

h.___ A physical therapist arranges for a child's equipment ordered by a physician for a child.

CODE: ____________ DATE: ______________

POST FAMILY UNIQUENESS SURVEY

Please check the statement that is **NOT** true.

1. Culture is:

_____ A. learned and shared by a people in songs, stories, legends, ceremonies, customs or traditions handed down
_____ B. those artifacts or materials used by a people and displayed in their homes
_____ C. a continuous and cumulative life-long process
_____ D. that which guides people in their thinking, feeling and acting
_____ E. an ingrained part of our daily lives

2. Having a culture means:

_____ A. having an ideal or romantic heritage as seen through music, dance, holidays, etc.
_____ B. having family traditions
_____ C. having family rituals
_____ D. having personal rituals
_____ E. bringing life-ways from the past and adapting life-ways from the present

3. Ethnocentrism is:

_____ A. the belief that one's own life-ways are correct, and are the same as everyone else
_____ B. natural and human
_____ C. the foundation of cultural and personal identity
_____ D. two-fold and has positive side; negative side
_____ E. a survival response in which strength lies in the group

4. The rationale for observation skills is:

_____ A. to get information about how to establish and maintain rapport with a family
_____ B. to gain clues about which approaches or techniques work best with a specific family
_____ C. to learn to recognize a family's style of interacting and decision making
_____ D. to learn to recognize the roles family members play
_____ E. to get a checklist of family characteristics that will be useful in establishing and maintaining rapport with a specific family

5. The roles parents perform across cultures are:

_____ A. nurturing
_____ B. guiding
_____ C. problem solving
_____ D. modeling
_____ E. protecting

6. Common goals parents have across cultures are:

_____ A. desire to be effective in parenting
_____ B. security for their child
_____ C. success of their children in functioning as societal members
_____ D. desire for financial security for their child

7. Ethnographic observational strategies include:

_____ A. including your beliefs about the antecedent, which caused the behavior being observed, in your written notes
_____ B. physically dividing the space being observed into quadrants, foreground or background, center to periphery or for video frame by frame
_____ C. tracking one person by: mapping movements, counting the number of non-verbal interactions, or by counting number of times in various areas
_____ D. using space; intimate, personal, social, public
_____ E. situational (PMS) example: socialfugal works for distance as it pushes people apart

8. Cultural relativity refers to:

_____ A. a person's ability to maintain own culture while gaining an understanding of another culture
_____ B. one person's ability to adapt and to live in harmony in different cultures
_____ C. ethnic diversity in a school or work place
_____ D. the belief that there are many life-ways that are correct, each in its own location and context
_____ E. the process of recognizing and understanding cultures other than one's one

Please check the **TWO BEST** responses.

9. When building rapport with families professionals should:

_____ select a neutral meeting site to conduct the interviews instead of a clinical setting

_____ be aware of family's feelings, beliefs, and values

_____ demonstrate respect by keeping questions to a minimum

_____ be aware of humor and use it sparingly

_____ look for unspoken cues family members send each other

10. You speak one language and the family speaks another. The family asks the oldest child to be the interpreter. You need to find out about the youngest child's development. Which opening statements would you use?

_____ Ask your parents this, "Tell me about your child."

_____ Tell your parents for me, "I need to know all about your child. I need to take some data and find out all I can. What is Marie like?"

_____ "Ask your parents to tell me about Marie."

_____ "Ask your parents to tell me about a typical day with Marie. If you want to add something, please feel free to tell me about that too."

_____ "Tell your parents that we have some assessment data that tells us all about Marie. Her test show her to be mildly delayed in cognitive and language development. What do you think?"

11. You are working with a parent who is future oriented, asking questions such as, "Will my child be able to live independently?" You are very concerned about the child's immediate therapy needs. Which would be the best ways to handle the situation?

_____ Ask the parent why they are concerned about that.

_____ Tell the parent the importance of getting therapy for their child.

_____ Ask the parent to imagine the best world for their child and tell you what it would be.

_____ Ask the parent what they mean by "living independently".

_____ Explain to the parent that you understand their concern but right now they need to make some decisions about therapy.

_____ Proceed with your recommendations.

12. It is your belief that people are the masters of their destiny; that people have the power to make changes. You are working with a family that does not follow through with therapy suggestions and says there is nothing they can do. The child was given to them like this for a reason. Which responses could best handle the situation?

_____ Ask the parent what hopes they have for their child.

_____ Ask the parent why they called the agency if they didn't want services

_____ Ask the family to tell you what a day with their child is like.

_____ Explain to the parent that without services their child will get worse.

_____ Tell the parents that you are interested in helping them find ways to make their day to day life easier for them and their child.

_____ Ask the parent, "When you were told about the agency, what did they tell you we would be able to provide?"

13. Match the stages of the cultural continuum to the following statement by placing the number of the stage next to the blank line of the matching statement. There is only one match per stage.

1. Self Awareness
2. Cultural Exclusiveness
3. Consciousness Raising
4. Heightened Awareness
5. Overemphasis
6. Balance and Integration

_____ to know one's self and one's community and to be able to be able to tell others why both are special

_____ The dark side of ethnocentrism, "Our way of doing things is the better way."

_____ a cultural is viewed as ideal, romantic, or as having life-ways that are better than one's own culture from the perspective of one who is not a member of that culture, also consider burden of culture in this stage

_____ all people are viewed as cultural beings who are involved in a dynamic, continuous developmental change process effecting the manner in which they live their lives

_____ the process of discovering one's unique cultural life-ways, strengths gained from experiencing one's family's life-ways are recognized

_____ at the same time people explore their own cultural life-ways they begin to look at others

_____ culture is explored outside the immediate family and both the bright and dark sides of one's cultural group that helped to shape the family's life-ways are explored

_____ culture is looked at from the perspective of one who is not a member of the culture, studying it's structure and function as well as the affects of personal beliefs and values on interpersonal communication

_____ the stage that takes place from the day we are born until the day we die

CODE NO. 42 + ____________ DATE: ____________

Please mark the column after the statement with how strongly you agree or disagree.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
14.	Minorities will always welcome and appreciate inclusion in White society.				
15.	The only way to focus attention on the problems of ethnic differences is through confrontation.				
16.	Liberal Whites are free of racism.				
17.	Minorities who show pride in their heritage are threatening.				
18.	Whites cannot fully understand what it means to be Hispanic.				
19.	Women work better with children than men.				
20.	A man's crying is a sign of weakness.				
21.	Men are better managers than women because they are less emotional.				
22.	Hiring a person with a disability costs a company lots of money.				
23.	Hispanic men who are well-educated and perform well are treated like any comparable White males.				
24.	Mainstreaming children with special needs is teaching children positive and appropriate responses to differences.				
25.	Minority supervisors are fairly non-directive and need more support.				
26.	Native Americans let things take their own course.				
27.	If you don't like ethnic jokes you don't have a sense of humor.				

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
28.	Cultural differences effect the messages being transmitted.				
29.	If a person has an accent or isn't English fluent, I tend to think they are a little slow.				
30.	African American women are great managers because they have learned to be tough in a competitive world.				
31.	Every cultural group, including my own has cultural heritage, beliefs, values as well as biases.				
32.	If a woman dresses provocatively it can have an effect on whether she is a victim of sexual harassment.				
33.	When friends get together, women will hold each other's babies--men are often not included in this custom.				
34.	Young boys should be taught to protect themselves from sexual abuse from older boys and men. They don't have to worry about protecting themselves from girls or women.				
35.	Women who want their men to become sensitive and in touch with their own feelings will have to modify their expectations of the "strong, silent" protector.				
36.	Those who have to consult with extended family prior to making major decisions exhibit co-dependent behaviors.				
37.	Old people who practice their old traditions need to move into the modern world.				
38.	If you know your culture of origin and your current culture, you are culturally competent.				

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
39.	If someone from a different religion marries into my family, s/he will never really understand our family values.				
40.	If someone from a different religion marries into my family, I will never have the trust and affection for him/her that I have for those who share my religious beliefs.				
41.	It is OK that I do not want a homosexual relationship for any of my family members.				
42.	It is true that female soldiers do not make good front line fighters.				
43.	Women make better administrators because they used their nurturing instincts to make personnel policies.				

Code: ______ Date: ______

PRE/POST
CHILD DEVELOPMENT

1. Please number the process of sensory feedback in the correct sequence (1 - 4). What comes first, second, etc.

The process of **sensory feedback** includes:

___the brain relaying information to the motor system to stimulate a movement

___the body receiving information from the environment through the senses

___the brain receiving feedback from the movement

___the brain interpreting information from the environment

2. Below are some of the characteristics of the tactile, vestibular and proprioceptive subsystems. Please match the characteristics on the right side to the subsystems on the left side by writing the correct letters of the characteristic under each subsystem. There are characteristics listed that will not fit any of the subsystems.

Tactile Subsystem
(Touch)
____

Vestibular Subsystem
(Gravity)
____

Proprioceptive Subsystem
(Muscles, Tendons)
____

a. Regulates position of head/body
b. Is the main way of getting sensory information from the environment
c. Regulates temperature in the body
d. Is responsible for balance
e. Detects position of body parts to each other
f. Is mainly responsible for regulating breathing
g. Regulates muscle tone
h. Has two special functions to interpret meaning of sensory input
i. Maintains head/trunk stability
j. Maintains the autonomic system
k. Regulates skeletal movement
l. Has receptors throughout body to receive sensory information

Please check the correct answer:

3. In sensory development, the function of reflexes is to both provide:

___ protection and nourishment

___ nourishment and comfort

___ protection and movement

___ comfort and protection

4. Examples of sensory integration are:

___ eye-hand coordination and hearing

___ reflexes and crawling

___ suck-swallow-breathe and skipping

___ crawling and bi-lateral coordination (two sides of body)

5. In the sequence of postural development:

___ control of the head and legs develop before the arms

___ control of the head and arms develop before the legs

___ control of head and trunk develop before the legs

___ control of trunk and legs develop before the arms

6. The ability to transfer your typing skills from a typewriter to the keyboard of the computer is the function of:

___ eye-hand coordination

___ motor planning

___ academic learning

___ the tactile system

Please check the answer that is incorrect:

7. The following are key points to understanding sensorimotor development:

___ touch opens the door to the senses

___ sensory development is the foundation for overall development

___ motor development is based on head and trunk stability

___ tactile system provides the basis for learning

___ sensory system develops independently from the motor system

8. Touch, postural control and position of the body in space help the child develop:

___ reading, writing skills

___ balance

___ confidence in one's body

___ motor planning

___ attentive behaviors

9. The characteristics of temperament of any individual:

___ can be learned

___ are more directly expressed in infancy

___ are innate

___ refer to individual differences in development

___ are relatively stable over time but can be influenced by other factors

10. A child learns best when she is in an environment where she (based on **Extended Matrix Model**)

___ is safe - physically, emotionally, intellectually

___ can conserve energy

___ is allowed to take risks

___ can develop competency

___ can look to adult as source of possibilities and guidance

11. Check all ovservable infant self-regulation gaze behaviors:

___ avert eyes

___ shut eyes

___ rapid eye movement

___ stare past

___ become glassy-eyed

12. Mark T for True, F for False:

___ Infants try to establish mutual exchanges

___ The rules of interaction are built into the infant

___ When the action is distorted, infants engage in behaviors aimed at reinstating the normal interactions

___ When they do not succeed, infants become distressed

___ Infants are able to modify their behaviro oppropriately during social interaction

13. When making social contact with the parent or others, infants can influence the interaction by:

___ initiating

___ maintaining

___ ending

___ avoiding

___ re-initiating

14. Think about how children grow and develop. Think of the skills they must have in place in order to do the more difficult tasks such as carrying on a conversation. Place the follwoing activities in the order (use 1-10) in which children gain the skills to accomplish them.

___ Can tell a story about a TV show or storybook

___ Asks "what" and "where" questions and has verbal ability to express feelings

___ Talk about things they just did and can tell a little about what they are doing

___ Can put together complex sentences using: "and", "but", or "because".

___ Can tell following needs: hunger, thirst, and toilet

___ Can exert control over a conversation by using eyes to begin, maintain and end

___ Can show time concepts by saying, "We have breakfast after the Ninja Turtles on Saturdays."

___ Has the verbal ability to control others and give information

___ May know simple rhymes, fingerplays or songs

Please number these phrases in the correct order by placing 1, 2, or 3 in the appropriate space.

18. When you communicate with a baby she will:

___ watch your face

___ listen very hard

___ answer you when you stop talking

Answer true or false for the following statements:

19. ___ A sixteen month-old can name his favorite people, objects and toys.

20. ___ A sixteen month-old can tell you if he is hungry, thirsty or needs to use the toilet.

21. ___ Toddlers believe they exist in the present and not in the past or future.

22. ___ The toddler's world can be seen, touched and heard.

23. ___ Language provides the way for preschool children to use their imagination to explore their everyday world.

24. ___ A preschool child uses words to feel more in control of her world.

25. ___ The preschool child can understand humor and sarcasm.

Please read the following scenario:

27. *The four-year-old son of your best friend is a child who likes to read, do puzzles, and build towns and castles with his Legos. Sam often plays by himself, sometimes for over an hour. When his friends come over, they usually choose to play in his room and listen to music, build with blocks or pretend to be monsters and Ninja turtles. Sam goes to his room whenever visitors come over, but comes out usually to greet them later. His mom describes him as fairly easy-going, but adds that he "likes his schedule". If he doesn't get a snack at 4:00 every afternoon, or if the menu changes for breakfast and dinner, he gets upset.*

Read over the list of behavioral characteristics for temperament on the left side at "a". Then move to "b" and follow the directions:

a. Circle those behavioral characteristics that best describe Sam from the above scenario. Some descriptions do not apply.

b. Some of Sam's behaviors are more intense or frequent than others. For the characteristics that you circled, put a check in the column that best describes what Sam is most like.

Activity level	__	very active	__	less active
Response to new situations	__	approach	__	avoidance
Adaptability to change	__	difficult	__	easy
Soothability	__	easily calmed	__	easily distressed
Quality of mood	__	pleasant	__	unpleasant
Intensity of mood	__	mild reaction	__	intense reaction
Response to limitations	__	frustrated	__	flexible
Distractibility	__	attentive	__	easily diverted
Persistence	__	persistent	__	not persistent
Friendliness	__	friendly	__	withdrawn

Please refer to the scenario above in addressing the next section.

28. *Sam's mom says that his attachment to a routine is driving her "crazy". She has started a new job and is not home as much as she was before. To give herself more time and flexibility, she is making more simple meals. Sam reacts to these changes by getting mad, or whining. Mom ends up yelling at him. This happens almost every day. She wants to help Sam, but doesn't know how.*

How can she change her behavior to better support Sam? List two ideas below.

1.

2.

29. The **protective** and **discriminative functions** of the sensory system regulate the stimulation a child receives. The protective function helps us manage situations that threaten our well-being and the discriminative function helps us focus so we can learn. The short statements below describe aspects of these function on the left side by writing the correct letters under each function. There are statements that do not apply to either function.

Protective Function

____

Discriminative Function

____

a. Breathing becomes shallow
b. Brain regulates how much/what kind of input is received
c. Brain regulates the time it takes body to move.
d. Body prepares to respond to danger
e. Enables child to attend to tasks
f. Body becomes more relaxed.
g. Fight/flight/fright responses help resolve situations
h. Brain balances between high and low arousal
i. Heart rate increases
j. Brain inhibits certain behaviors so development can progress

30. Some behaviors help to organize and calm children, while others keep them alert and interested. Match the activities on the right side to the appropriate descriptors on the left side by writing the correct letters under the descriptors.

Calming/Organizing

____

Alerting/Stimulating

____

a. Playing chase
b. Chewing gum
c. Swinging on a swing
d. Watching a movie
e. Riding in a car
f. Playing in the snow
g. Dancing
h. Cuddling hot water bottle
i. Talking
j. Drinking a milkshake
k. Being tickled
l. Riding the merry-go-round
m. Floating on a raft

32. Below are the four environments of the **Extended Matrix Model.** Following that list are descriptions of children playing in the different environments. Please put the letter of the environment that best fits next to the description.

A. Womb B. Mother C. Kid power D. Brain power E. Doesn't apply

___ two children reading with their aunt on the sofa

___ children in school taking a spelling test

___ a child exploring the woods near his house

___ school children visiting the zoo

___ a child reading a book under the covers

___ a dad and child swinging together and singing songs

___ a child covering herself with leaves

ID# __ __ __ __
(Last 4 digits of SS#)
State of Workshop ____________
Date ___/___/___

Issues in Early Intervention

We would like you to share your opinions about issues in early intervention. Please circle the response which best reflects your opinion.

SA = Strongly agree
A = Agree
U = Uncertain
D = Disagree
SD = Strongly Disagree

1.	I have some concern about whether the early intervention legislation (P.L. 99-457) will actually work for the benefit of children with special needs.	SA	A	U	D	SD
2.	Therapists are more likely to be realistic about a child with special needs than are the parents.	SA	A	U	D	SD
3.	I believe it is OK for a family to take a break from therapy even if I think that the child's progress may suffer.	SA	A	U	D	SD
4.	Parents are as capable as therapists in identifying needs of their child.	SA	A	U	D	SD
5.	The most appropriate time to include families in setting priorities for treatment is in the post assessment period when we know something about the child's abilities.	SA	A	U	D	SD
6.	To be the most effective, therapy needs to occur with a caregiver in the room.	SA	A	U	D	SD
7.	Families should help determine the nature of the assessment.	SA	A	U	D	SD
8.	Information about available services should be provided to parents before establishing goals.	SA	A	U	D	SD
9.	Therapists should focus their attention on teaching mothers information about caring for their children.	SA	A	U	D	SD
10.	If a family does not follow through on recommended activities, the therapist should explain their importance and make suggestions that would help them follow the recommendations.	SA	A	U	D	SD

(Please turn the page)

SA = Strongly agree
A = Agree
U = Uncertain
D = Disagree
SD= Strongly Disagree

11. In setting priorities, the therapist should adhere to what s/he thinks is best for the child even if the family requests alternative priorities. SA A U D SD

12. During the first few months after a family learns of their child's disability, it is not realistic to expect them to be involved in planning services. SA A U D SD

13. Families do not have adequate information to deal with setting goals until they hear about evaluation results. SA A U D SD

14. Using parent input for setting goals might compromise the quality of intervention services. SA A U D SD

15. It is hard for families to be realistic about the infant's abilities when s/he has developmental delays. SA A U D SD

16. Parents are in the best position to decide which disciplines should provide services for their child's needs. SA A U D SD

17. Parents need help to communicate effectively with their child who has special needs. SA A U D SD

18. The child's treatment needs should be identified before asking the parent's priorities. SA A U D SD

19. Families have difficulty knowing what goals are important until they are informed about an agency's services. SA A U D SD

20. My experiences as a family member help me appreciate how other families function. SA A U D SD

21. In setting priorities the therapist should act as the child's advocate and be sure the parents understand the therapist's reasons for prioritizing goals as s/he has. SA A U D SD

22. Family involvement in goal setting is not realistic during the first few months after the family learns about their child's handicap. SA A U D SD

23. Families need professional input to be realistic about the abilities of their child with special needs. SA A U D SD

24. When attendance is a problem the first thing a therapist should stress is the importance of early treatment. SA A U D SD

Thank you for your help.

Humphry, R. & Geissinger, S., 1989

PROJECT TA-KÓS
FAMILY ATTITUDE SURVEY

CODE NO. 42 + ____________ DATE: ____________________

Please mark the column after the statement with how strongly you agree or disagree.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
14. Minorities will always welcome and appreciate inclusion in White society.				
15. The only way to focus attention on the problems of ethnic differences is through confrontation.				
16. Liberal Whites are free of racism.				
17. Minorities who show pride in their heritage are threatening.				
18. Whites cannot fully understand what it means to be Hispanic.				
19. Women work better with children than men.				
20. A man's crying is a sign of weakness.				
21. Men are better managers than women because they are less emotional.				
22. Hiring a person with a disability costs a company lots of money.				
23. Hispanic men who are well-educated and perform well are treated like any comparable White males.				
24. Mainstreaming children with special needs is teaching children positive and appropriate responses to differences.				
25. Minority supervisors are fairly non-directive and need more support.				
26. Native Americans let things take their own course.				
27. If you don't like ethnic jokes you don't have a sense of humor.				

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
28. Cultural differences effect the messages being transmitted.				
29. If a person has an accent or isn't English fluent, I tend to think they are a little slow.				
30. African American women are great managers because they have learned to be tough in a competitive world.				
31. Every cultural group, including my own has cultural heritage, beliefs, values as well as biases.				
32. If a woman dresses provocatively it can have an effect on whether she is a victim of sexual harassment.				
33. When friends get together, women will hold each other's babies--men are often not included in this custom.				
34. Young boys should be taught to protect themselves from sexual abuse from older boys and men. They don't have to worry about protecting themselves from girls or women.				
35. Women who want their men to become sensitive and in touch with their own feelings will have to modify their expectations of the "strong, silent" protector.				
36. Those who have to consult with extended family prior to making major decisions exhibit co-dependent behaviors.				
37. Old people who practice their old traditions need to move into the modern world.				
38. If you know your culture of origin and your current culture, you are culturally competent.				

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
39.	If someone from a different religion marries into my family, s/he will never really understand our family values.				
40.	If someone from a different religion marries into my family, I will never have the trust and affection for him/her that I have for those who share my religious beliefs.				
41.	It is OK that I do not want a homosexual relationship for any of my family members.				
42.	It is true that female soldiers do not make good front line fighters.				
43.	Women make better administrators because they used their nurturing instincts to make personnel policies.				

PROJECT TA-KOS RESEARCH
BACKGROUND INFORMATION

________ Code No. ________ Location (Agency, City/State) ________ Date

A. Are you a:

1.____ Parent of a child with a special need
2.____ Educator
3.____ Therapist (Speech/Language, PT, OT)
4.____ Health Care Professional (LPN, RN, Physician)
5.____ Administrator
6.____ Paraprofessional
7.____ Case Manager/Service Coordinator
8.____ Other (Specify) ________

Are you:

1.____ Male
2.____ Female

What is your ethnic background?

1.____ Caucasian
2.____ Hispanic
3.____ African American
4.____ Asian
5.____ Native American
6.____ Other, specify ________

What is your educational background?

1.____ Grammar School
2.____ High School
3.____ Some Higher Education
4.____ Bachelor's Degree
5.____ Master's Degree
6.____ Ph.D., M.D., J.D., Ed.D.

What is your age? ____

B. Education or healthcare staff,

How much do you work with children who have special needs?

1.____ Almost daily contact
2.____ A few times a month
3.____ About once a week
4.____ Once a month or less

How much contact do you have with parents who have children with special needs?

1.____ Almost daily contact
2.____ A few times a month
3.____ About once a week
4.____ Once a month or less

Number of years in current position ____

P

Thank You!
Project Ta-kos, 10/92

TRAINER
SELF-EVALUATION CHECKLIST

Materials

	Yes	Could Be Better	No	Not Applicabl
1. Was my material appropriate for the group?				
2. Was it well organized?				
3. Did I make the objectives known?				
4. Did I explain and emphasize main points?				
5. Did I achieve my workshop objectives?				
6. Were my visual aids effective?				
7. Were my handouts adequate?				
8. Did I summarize?				
9. Were the activities of interest?				

Presentation

	Yes	Could Be Better	No	Not Applicabl
1. Did I secure the attention and interest of the participants?				
2. Did I give a coherent presentation?				
3. Did I motivate the group?				
4. Did I establish rapport with the group?				
5. Did I encourage everyones' participation?				
6. Did I use understandable, correct language?				
7. Did I use a variety of voice and tone?				
8. Were my gestures meaningful?				
9. Did I say "ah" or "er" or use words such as "well" and "now" excessively?				
10. Could I be heard and understood?				
11. Did I stimulate discussion?				
12. Did I use open-ended questions whenever possible?				
13. Did I make the best use of the time available?				

Other

1. What were some indicators of changes in knowledge, skills, or attitudes?

2. What training methods worked well? Which ones were not successful? Why?

3. What improvements can be made in the materials?

4. What two things can I improve for next time?

WORKSHOP EVALUATION: PROJECT TA-KÓS

Workshop Name	Location (Agency, City)	Date
______________	______________	______________

		Very	Some-what	Not at all
1.	The workshop objectives were clear	____	____	____
2.	The information presented in this workshop was:			
	meaningful	____	____	____
	useful	____	____	____
		Good (3)	Adequate (2)	Poor (1)
3.	Workshop organization was:	____	____	____
4.	The topics covered in the workshop were:	____	____	____
5.	The amount of involvement (i.e., sharing ideas and experiences) of participants was:	____	____	____
6.a.	Presenter I ______________ was			
	informed	____	____	____
	articulate	____	____	____
	stimulating	____	____	____
b.	Presenter II ______________ was			
	informed	____	____	____
	articulate	____	____	____
	stimulating	____	____	____
7.	Overall, the workshop was:	____	____	____

8. What did you like best about this workshop? ______________

9. What information was expected but not addressed? ______________

10. How could we improve the workshop? ______________

11. In what areas would you like more information? ______________

12. Comments ______________

Thank You!

Project Ta-kos 1991

APPENDIX D - PRODUCTS

TABLE OF CONTENTS

Project Ta-kós Curriculum Manuals . . . . Under Separate Cover